Vol. XXVII. DECEMBER, 1931 No. 12

The Forgotten Nurse

By JEAN E. BROWNE, Toronto Ont.

It must be confessed at the outset that the title is an adaptation of the one used by Walter H. Page in his famous Greensboro address in 1897, "The Forgotten Man."

This title, in some respects, is singularly inappropriate, for the nursing profession has been receiving of late a good deal of publicity. This publicity has been of a critical nature, and has been part and parcel of a public expression of the stress caused by the high cost of illness. Obviously, it is unjust that this criticism should be laid almost solely at the door of the nurse, but such has been the case. It was in order to get at the real facts that a Joint Study Committee, composed of three representatives of the Canadian Medical Association and the Canadian Nurses Association, was organised in 1927.

The Committee at once found itself floundering in a mass of conflicting opinions and prejudices, and it was soon recognised that its only logical recommendation was that a scientific survey be made of nursing education in Canada. There was one man in Canada eminently fitted to make such a survey—Dr. George Weir, Professor of Education in the University of British Columbia. Fortunately, the President and Board of Governors of the University of British Columbia were sufficiently public-spirited to release Professor Weir for the time necessary to make the survey.

And now we may return to our title. In the printed report which will very soon be in circulation, there is abundant evidence that in the great educational movements which have been going on in recent years, the state has obviously forgotten the nurse. The education of the nurse has been a haphazard affair, depending almost entirely on the policy of the individual hospital board. To quote from the Report:

"Surely the state is no longer justified, in the face of unimpugnable facts, in complacently standing by and ignoring its duty to contribute to a great national enterprise—namely, the education of the student nurse. . . . There is no more valid reason, when all the facts of the situation are impartially weighed, why, for instance, the state should pay the costs of normal school education than that it should pay the cost of educating student nurses. It is admitted that the state is justified in insisting upon adequate standards of nursing education, involving efficient inspection and supervision of the nurse in training and in service, as a condition precedent to the granting of financial assistance. And such competent supervision, kept clear of all partisan influence, would be welcomed by the true friends of nursing education. . . . From a financial viewpoint, nursing education should be made an integral part of the provincial educational system as is the education, for instance, of the teacher. . . . Furthermore, it is scarcely subject to serious doubt that the adequate training of the nurse is at least as complex as that of the teacher. Fully as much laboratory equipment and library facilities, for instance, should be available for the professional education of the former as for that of the latter. The quality of the instruction in each case should be reasonably equivalent. That this relative equality by no means exists—with the exception of certain nursing schools in medical centres or university courses for

public health nurses—will be manifest to anyone who impartially studies the situation. From the viewpoint of teaching facilities and equipment as well as quality of instruction, the standards obtaining in the average training school for nurses in Canada are distinctly inferior to those found in the average high school or collegiate institutes, not to mention the average normal school. As a matter of fact, the full-time instructor, even in the best type of training school for nurses, is a comparatively recent innovation. . . . Poorly equipped schools for the training of doctors, lawyers, or teachers are no longer tolerated. And there is no valid reason for the training of nurses being placed in a different category. . . . To use Lord Durham's classic stricture in a new setting, the nursing profession cannot 'remain an old and stationary society in a new and progressive world'."

Indeed the analogy between the "Forgotten Nurse" and Walter H. Page's "Forgotten Man" in the Southern States is not so far-fetched. Before Page's famous Greensboro address, there was no publicly supported system for training the southern child. The glaring fact that emphasized the outcome of this official neglect was an illiteracy, among white men and women, of 26 per cent. Page's message, as is usually the case in all incitements to change, involved the bringing to light of many unpleasant facts. The revelation of these unpleasant facts brought down on Page's head a great storm of abuse. History, of course, repeats itself, and it is altogether to be expected that the Survey of Nursing Education in Canada will cause tirades from several quarters, especially from those persons who don't read it.

In the case of "The Forgotten Man," the victim was not disturbed over his situation. He was content to be forgotten and was a definite opponent of social progress. Politicians flattered him and he became a dupe to the old heresy that what was good enough for his fathers was good enough for him. It is scarcely overdrawing the picture to say that much the same is true of far too high a percentage of nurses. They desire to be left alone to bask in the aftermath of graduation speeches, where clergymen, politicians, even educators tell them in unctuous terms that nursing is the noblest profession for women—that in the practice of this profession it is not intelligence or education that is needed, but rather devotion to duty (as if these two requirements were somehow at variance one with the other). Those who read Professor Weir's Report will realise that it is not lulling the nursing profession needs, but rather waking up and shaking up.

It is now a matter of history that Page's educational campaign brought about results for North Carolina and the South generally that were little short of miraculous. Out of his campaign grew the Southern Educational Conference and later the Southern Educational Board. This body attracted the attention of John D. Rockefeller, who during a period of less than ten years, gave $53,000,000 towards financing its activities. We can scarcely carry our analogy to a point of prophesy in regard to the financial outlook, but it seems quite reasonable to expect that the Survey Report, revealing as it does some very unpalatable and humiliating facts, will be the beginning of a new and sounder basis for nursing education in Canada.

An equalised distribution of nursing services, and the unemployment of nurses, are big issues that emerge from the starting point of supply and demand. One of the revelations of the Survey is the amazing fact that over 60 per cent. of the cases of average acuteness (not colds or minor illness) in Canada are reported to be cared for by non-trained attendants. Doctors who replied to the questionnaires

estimated the *surplus* of graduate nurses in Canada—with the exception of public health nurses and full-time instructors, of whom there is a shortage—at about 34 per cent. Nursing registries placed the median surplus of private duty nurses in Canada at about 45 per cent. A density and distribution map shows in graphic form that 25 cities, which account for *one*-third the population of Canada, have the services of about *two*-thirds of all active registered nurses. The recommendations made by the Director in connection with this problem should be studied intensively as soon as nursing groups have had the opportunity of reading them in their setting. Many of the reforms advocated in the Survey will not be realised for a good many years, but the problem of unequal distribution of nursing services and unemployment of nurses is one that should be tackled at once with determination and courage.

If there was one thing more than another on which the nurses of this generation prided themselves, it was all that the term "registered nurse" is supposed to signify, but even this idol apparently has feet of clay. What has the Survey to say of the examinations set for registration? "The proportion of failures on the Reg.N. Examinations in Canada is approximately 27 per cent. of that on the high school examinations conducted by Provincial Departments of Education. Nor are the latter examinations unduly severe. What then can be said of the Reg.N. Examinations? They constitute the most magnanimous gesture of the most indulgent examination system ever encountered by the Survey. . . . At present it is possible for a girl with less than high school entrance standing, of relatively low grade intelligence, and with a nursing knowledge crammed from books to pass this so-called test. . . . The crux is in the standard and method of scoring as well as in the setting of fair and thought-provoking questions. It matters little how difficult the questions may be, if the examiner assumes that there should be salvation alike for the strong and weak candidates. It is unfair to the competent and well-prepared candidate to oblige her to take such a test. It is equally or more unfair to the public to have an examination sieve with such large meshes as to allow the inferior nurse to escape and inflict herself upon an unsuspecting and largely unprotected community. For the great majority of these nurses join the free-lance, unsupervised class. . . . Much, of course, could be said in favour of abolishing the Reg.N. Examinations in the case of graduates of approved t r a i n i n g schools of the future. The adoption of the accrediting system will probably become a reality, but it should be accompanied by a rigid system of inspection."

It is well that the chapters entitled "The State and Public Health dealing with Socialised Nursing" and "Control and Supervision" were kept until the end of the Report, otherwise the shock of such radically new ideas applied to nursing might have been too much for the average nurse reader to bear. These chapters set forth considerations which should bring nursing thought in Canada smartly to attention, and, may I say, to salute!

It was generally recognised by the members of the Joint Study Committee that Professor Weir came to his task of conducting the survey with a completely open and unprejudiced mind. It was interesting to watch, as his investigation proceeded, how the evidence which he collected gradually changed his attitude of neutrality to one of keen and understanding sympathy towards nursing. In the end he emerged as a champion of "The Forgotten Nurse." Who can doubt it who reads his prophetic words regarding the rôle of the nurse of the future: "But who else than the train-

ed nurse can possibly be in the strategic position to act as liaison officer between the 'values and virtues' of the old and rapidly passing school of medicine and the scientific efficiency of the new? No one but the nurse is in the field or available for this supreme venture. If she fails, the case is lost by default. Nor can she succeed unless she be competent to carry out in the sickroom the instructions of the modern specialist in the spirit and with the humanitarian touch of the erstwhile medical generalist. Unless she be a woman of superior capacity, thoroughly educated in her art, there can be little likelihood either that the best of the old will be maintained or that the best of the new will be added." *J. E. B.*

Florence Nightingale Modernised

By LESLIE BELL.

"Two long and three short—that's our ring," remarked the district nurse putting down her cup.

We were having breakfast in the two-roomed shack where she lives and the telephone was about six feet from the stove, beside which we were at breakfast. "All right—who's driving me to the station? . . . Is he ready? I'll be there in a few minutes. . . . We don't have much money but we do see life," she finished, turning towards me. . . . "It's a maternity case down the line—I'll have to go in the speeder as there's no road in. Would you care to come along?" I said I would, having come west in order to observe medical and nursing work in our rural districts.

The nurse scribbled a line on the slate, which always hangs outside her door, saying where she had gone, and stooped to pick up her bag. Transportation for the nurse must be provided by the person who sends for her, and many and various are the forms it takes. Sometimes it is a dog-team; occasionally a caboose has been used; in a community where there are no roads the journey is made on horseback, but usually a vehicle of some sort is provided and in the present circumstances we were driven to the station in a small roadster belonging to the owner of the local garage.

The sky was coldly overcast and a chilly wind caught our ankles as we clasped the iron bar of the "speeder." The roaring of the engine precluded conversation. Hills, deep blue, seemed to close us in from the outer world, and a hawk circled slowly above some marshy ground.

Our destination was a place on the edge of a lake and consisted of a section-house and another building which was evidently post-office, restaurant, and what-not. No other dwellings were visible.

An Outpost Nursing Station, 65 miles from a doctor.

I think that I have never in my life seen quite so many flies excepting in the native bazaar in Lahore! They fairly glued themselves to the poor little patient. Her husband and I did what we could with two towels and a good deal of muscular effort, but I completely failed to hold my portion of "the salient" and we were obliged to darken the window and hope for

the best. There seems no way to cope with these pests, as the different patent fly-killers are too expensive for many settlers to be able to afford them, and as one distracted mother explained to me, "with the children running in and out all day, I can't keep the flies from coming in."

The little house was very tidy and the bedding spotless. Only those who have seen it can realise the heavy labour and the amount of time involved when one woman must attend to all the family needs, including sewing, baking, taking care of three small children and all the washing, plus the task of carrying every drop of water from the rain barrel or the well. Wives of pioneers take it all as a matter of fact and one seldom hears anyone complain.

I think the obstetricians in some of our city maternities would feel completely baffled if they were faced with the conditions which confront a district nurse. Technique must be adapted to the available equipment, and resourcefulness and ingenuity are essential.

Maternity cases are by no means the only ones which rural nurses are called upon to assist. A brisk "business" is done on mail nights in the little dispensary (consisting usually of a medicine closet and a couch), where the nurse makes up prescriptions and dispenses good counsel.

"Say, nurse," I heard one man ask, "can you give me something for dad? He's got an awful bad pain in his stomach." After his departure I asked the nurse if she enjoyed long-distance treatment. "Well, I wouldn't be much good up here unless I were willing to take a chance, and I know what I gave him can't possibly do any harm. I'm pretty sure, from what he told me, that it will relieve 'dad's' pain!" Then an ex-service man came in suffering from trench mouth; he was followed by a half-breed carrying his wife, who had burned herself severely. The next patient brought a lump to my throat; a babe of two months old with infected glands. . . . The nurse kept it and the mother overnight and sent them out on the train next day to the hospital.

There are also the occasional emergency cases which test the reliability and adaptability of a nurse severely. A nurse in the northern part of one of the prairie provinces was called to a little girl eight miles away in the bush. The only way to get there was on horseback. The child's symptoms

Nurse and patient sometimes use a caboose.

indicated the need for immediate operation. . . . A stretcher was improvised and two men conveyed the little patient through the bush to a farm where they knew a horse and waggon could be secured to take her as far as the railroad. Then by means of a gas "jigger" (which the nurse had to pump herself) a place down the line was reached where a car was available for the remainder of the journey to the hospital, a distance of seventy-five miles. During this anxious time the child was held in the nurse's arms in Fowler's position. Happily, she made a good recovery from the operation, although she was thirteen hours on the way.

Another strenuous journey was made by this same nurse when she had to take a man with a perforated appendix to the hospital. It took from four p.m. till nine a.m. in the baggage car. I asked her how she managed.

"Oh, I gave him a sedative and kept ice-bags on him. The trainmen were perfectly wonderful; I couldn't have got on without them. They brought me ice from somewhere, and they even speeded up the train so

that we got to town and the hospital a little ahead of time. The railway men are very good to the nurse. . . . Many a time on a cold morning they've shared their hot tea with me and thawed me out in the caboose!"

A big, broad-shouldered Scandinavian, living with his wife and two brothers, was stricken with pleuropneumonia. Critically ill, he was twenty-two miles from the nursing station. Every second day the nurse made that trip—forty-four miles in an open sleigh, with the temperature well below zero. "It was worse for the men than for me, because they had to come for me and take me back again—eighty-eight miles! Of course, they relayed the horses, and the brothers took turn about. Even so, it was no joke, and I used to hope I wouldn't have three patients on my hands before we finished."

One nursing organisation puts these words in its Regulations: "This branch of the service exemplifies most fully the highest ideals of the nursing profession. The responsibility put upon the nurses requires sound judgment and courage of the highest order."

This is certainly not overstating things, and one is proud that Canadian women, trained in Canadian hospitals, are carrying on the traditions of their pioneer forebears. One of them mentioned with a smile that her mother was born in Fort McPherson; she herself was born in Saskatchewan and trained in Eastern Canada. She has had a wide experience in the north from Fort Vermillion to Dawson City, and I am quite sure she would go with perfect equanimity to Aklavik on the Arctic Ocean or to the Magdalene Islands in the Atlantic if she thought her duty called her.

Several organisations, slightly different in character, are engaged in rural nursing in Canada and Newfoundland, where the N.O.N.I.A.* nurses are doing gallant service in isolated fishing villages. Dotted over the prairie provinces are twenty little mission hospitals supported by the United Church; the Red Cross Society has about fifty outposts distributed over three provinces, and the Department of Public Health in Alberta has a well-organised system of district nurses and a travelling clinic.

The emphasis is put upon providing obstetrical care for women in unsettled districts in an effort to reduce the infant and maternal mortality, which had been abnormally high. Those in charge of this work recognise the essential unsoundness of any policy which, while stressing Canada's need for settlers, at the same time permits potential citizens and mothers of families to perish for want of proper care in child-birth.

In a leaflet issued by one of the above organisations these words appear: "Unexpected duties are often the nurse's lot; on occasions she has had even to bury the dead. When alone, eighty-five miles from a railroad, with neither clergyman nor doctor at hand, there is no question whether or not she can do it. There is no alternative—it is her task. . . . To lift these brave pioneers above themselves and give them a glimpse of the possibilities which lie within their reach is surely nation-building work of the highest character."

Inspired by the spirit of their great leader, Florence Nightingale, these nurses neither desire nor expect any recompense for the risks they take, beyond the modest salary they receive and the joy which comes with the doing of their work and the true and lasting friendships which they make amongst the valiant pioneers whose lives they share.

*N.O.N.I.A. — The Newfoundland Outport Nursing Industrial Association under the patronage of Lady Allardice. The nurses belonging to the Association live in isolated fishing villages and do the same sort of work as the Red Cross nurses do in the Outposts. Funds for nurses salaries are raised by the wives of fishermen who knit. The Depot (headquarters) is in St. John's.

An Experiment in Modern Education and Its Results

By JEAN R. G. STEELE, Instructor, Red Cross Unit, University Hospital, Edmonton

This is an account, as true as I can express in words, of an educational experiment which has been carried out during the past year (1930-1931) in the Children's Orthopædic Ward of the University Hospital, Edmonton.

There is such a general misconception and often over-sentimentalized idea as to the exact nature of a ward like this that it may be well to point out that it is simply a group of normal children, alike in every way to any other group of children, but crippled physically for a certain period of months or perhaps years. The sunny wards, the regular hours, the intelligently planned diet, the sympathetic understanding of the individual tastes of each child, and the constant expert medical care quickly result in remarkable physical improvement, which adds to their natural mental activity.

In normal circumstances, these children would have three broad influences in their life: the school, the home, and the vast and ever-increasing number of outside interests. Circumstances, however, have altered those conditions to a very circumscribed physical environment: a ward in a hospital with often the added limitation of a spica cast and Balken frame, and everything, therefore, that is to contribute to the child's mental growth and unfold his hidden potentialities must be brought to him. It is a common thought that the reading of books is the best and almost only means of doing this, but a mass of information acquired from reading alone has a very limited value, often, on the contrary, contributing the insidious but very definite evil of clogging the child's mind until he becomes inert and aimless, swallowing contentedly a mass of predigested facts, and the activity of thought has become an impossibility. The preservation of that inner vitality and sense of awareness to the outer world; the cultivation of independence and initiative; the ability to face and handle the various situations of life as they appear; it is these that are the test of a child's education, and it was from this point of view that every branch of our school work was planned and developed.

They were a markedly cosmopolitan group of children of all ages and nationalities, and the work ranged from kindergarten and Montessori work to grade IX algebra, geometry, Latin, literature, composition, and history.

Our scheduled teaching hours are nine to twelve, and naturally these are also the hours of ceaseless activity on the part of everyone connected in any way with the hospital. We had, fortunately, in connection with each main ward a large and attractive sun parlour always in use by some of the children. Maids, orderlies, nurses, doctors were all equally busy. Floors were being swept, washed and polished; children were being prepared for and received from the operating room, special cases of massage, quartz light treatment and physical exercises were being given; there were the doctor's daily visits and the occasional clinic—this constituted the environment in which they worked. It may seem impossible that work could be accomplished, but children have a remarkable faculty for seeing only fundamentals: they are the true realists and they developed a power of concentration and the ability to ignore outside interruptions that was infinitely more valuable than the actual information acquired.

To a considerable extent we were faced with the same problem that meets hundreds of teachers in rural schools; namely, how to provide occupation for the children who are not being taught by the teacher. We have always tried to keep in touch as close-

Institute of Public Health
Faculty of Public Health of the
University of Western Ontario
LONDON - CANADA

ly as possible with the work as planned by the Department of Education and to use and, if necessary, originate methods that would accomplish the greatest amount of work in the shortest time. Young children are incapable of listening for a long period: the law of their nature is to do and to learn through the medium of the sense of touch; therefore we developed our reading, writing and number work in this way. There are many excellent methods of teaching reading, but they usually involve the presence of a teacher working with the children. Two different methods, however, by which the children practically teach themselves have been very thoughtfully worked out by Miss MacKinder, of London, and Dr. Decroly, of Paris, and it was on the basic principles of these educationists that we built a method to suit our own conditions.

Very briefly, this consists of a group of thin boards painted in various colours. The work is graded in difficulty, beginning with the learning of single sounds to words of unusual appearance. These are taken from the reader in current use in the province. For example, one of the boards is like this: a light wooden board for the purpose of teaching ten new words from their reader. The words are dog, cat, pig, hen, tree, chair, table, hill, pail, flower. The board is painted yellow; a picture of each word drawn and coloured green; beneath, the word itself is written and printed. On ten small pieces of wood, in corresponding colours, the same words are written and printed, and the reading game or lesson is to place the small word on the large board. Other boards can be made by which are learned the different colours; the days of the week, the months of the year, and so on. In this way, a vocabulary of two or three hundred words is quickly and easily learned and without the presence of a teacher, who can be busy elsewhere. Also, the senior boys can prepare these during the year, providing them with hours of interesting activity at very little cost and doing work which they see being put to practical use.

Number work is taught on similar lines, and offers no special difficulty.

In teaching writing, again self-taught, we make a series of boards, 6 inches by 24 inches, painted in different colours, on each of which five 5-inch letters in script were written and painted in blackboard paint. This was in order that chalk might be used. A small yellow dot showed where to begin. These could be used easily in bed, and the child went over each letter as many times as he wished until the arm movement became automatic. When they felt ready, they usually of their own accord took a small blackboard and tried to make the letter without the copy, going back to the original board if they found any difficulty. By use of these, all the small letters, capitals, and numbers were easily learned.

In the intermediate grades, geography, history, and nature study were the subjects to which we devoted as much time as possible. The set of Geography Readers, compiled by Miss Donalda Dickie of the Provincial Normal School, were specially helpful in providing endless exercises in composition, and were the groundwork for more extensive excursions in geography and history. We replaced to a great extent the memorization of geographical and historical facts from books and substituted instead clay modelling, work in plasticine, and a composition of salt and flour which could be coloured very successfully in water colour; the making of countless maps in cardboard and wood on as large a scale as could be handled conveniently; in fact, the representing pictorially or by models of every phase of geography and history that we felt could be so represented.

With regard to the high school work, the six subjects of grade IX already mentioned, a new element entered. In the first place, it was the wish of the children themselves to do

the work, and with that fortunate beginning, major difficulties vanished. We began by taking each subject and analysing the work to be covered that year: making schedules for each month and term; discussing probable difficulties; jotting down books of reference; talking over different methods and the order in which each would be taken, and doing exercises in analysis and concentration to illustrate to the children the value of the qualities and habits of mind: our object being to have a broad, general idea of the work and of the road along which we were travelling. Our programme, of course, was very flexible: it was never intended to be rigid, and was subject to constant revision.

Algebra and geometry went along very evenly and with only the occasional snag. So often we hear children say, "Oh, what is the use of algebra?" So as time went on, they occasionally chose from a scientific work—perhaps by Eddington or Millikan, a complex formula which we all—shall I say—worshipped from afar. Algebra was then seen to be a foreign language translatable if you had the key, an intensely microscopic shorthand to express the great and illimitable forces of the universe.

Geometry can be much more easily brought into touch with our daily life and work, but one book which we had on loan for a few days left a very vivid impression on their minds. It was "Dynamic Symmetry," by Jay Hambidge, in which he shows by countless exquisite drawings and illustrations that the most delicate of Greek vases is built on as sound and solid a geometrical principle as the Parthenon itself. They could not, of course, understand the complexity of his geometrical reasoning, it was not intended that they should; what they did receive was of much greater importance, namely, a new idea, a realisation of the definite relationship between geometry and art, and further, that the mathematicians of Egypt and the craftsmen of Greece were each expressing, through a vastly different medium, the same fundamental idea. It ceased to be a lesson in history or geometry, and became one in ethnology.

In history, they used for reference at least ten other books to supplement their own reader; to show the varied opinions of acknowledged historians and how the same historical data can have many different interpretations. They made numerous charts and maps, which proved an excellent means of review at the end of the year. They also compiled a scrap book, in which were pasted any articles from current papers and magazines that had any reference to their work. The choice was left entirely to themselves, and was unerringly true. This also had the effect of keeping continually fresh in their minds and conversation work that would otherwise have lain fallow for several weeks. That history was not merely a school subject but a very living reality may be shown by the following incident. One morning, when I went in after working with the younger children, I was greeted with:

"We had such fun last night. Do you know what we did? We each adopted ancestors!"

"Oh," I said, "a reversal of the usual process. Whom did you adopt?"

"I adopted Alexander the Great. It was he who gave us the idea. You remember his mother used to tell him when he was a child that he was descended from Achilles, and that idea stayed with him when he grew up and made him do things and go places he would never have thought of going to; so I adopted Alexander because, although he did things that had better be forgotten—still—he had a conquering spirit!"

Another said: "I adopted Julius Caesar because I wanted to make up to him for the awful thoughts I've had about him all these years. I always hated him for conquering England, and got such a surprise when I found out what he was really like."

The last child said, rather apologetically: "I adopted Socrates; I really

felt too dumb to have him for an ancestor, but I like those old Greeks because they did their own work and left other people alone."

They had carried this whimsical idea to a considerable length, comparing and discussing the respective lives and achievements of their temporary relatives, with an intensity of interest usually expended in these days on Ramon Navarro or Douglas Fairbanks, and unconsciously and naturally giving each other the finest history lesson possible.

The literature was carried out in a similar manner; continual discussions and comparisons leading us many times along queer paths. Whenever possible, we drafted the literature selections as plays or moving picture scenarios. We only planned the scenes, characters and general stage appointments, and did not attempt the actual conversation. Children of that age have not the necessary literary ability to write good dialogue; it is either utterly banal and commonplace, or has a forced and over-conscious smartness and cleverness that are better avoided.

No question that any child asked was ever put aside; we always attempted a solution, although the older boys spoke continually in, to me, the unfamiliar language of volts and amperes. To quote a few lines from "Punch":

"Our boys but lately in their cots
Apply their hearts and souls
To intercourse with kilowatts,
With magnets, plugs and poles."

The following are a few of the questions asked throughout the year:

1. "How did people come to talk so many different languages?"

2. "Do the cells of your brain grow when you think, or do they just change partners?"

3. "Do flowers get electric shocks?"

4. "How does Sir James Jeans measure the distance of our earth from the stars?"

5. "Do mice have memory and imagination?"

At the end of the year the children were as fit physically and as eager mentally as at the beginning. There was no feeling of fatigue or nervous exhaustion, which was avoided by each child having worked at his own individual speed or rhythm: they worked continually in groups, but in co-operative and not competitive groups. Nothing is finished; it is continually a process of doing and being, and so we shall leave them, with a mark of interrogation facing the tomorrow.

The Evolution of the Feeding Bottle

The nineteenth-century French physician, Mauchamp, declared that an animal is as fit to feed a young child as a woman is fit to feed a young calf. In spite of such arguments against it, however, direct feeding from animals has always been a popular form of artificial feeding, and in a Hungarian paper recently there appeared an illuminating account of the various uses of animal's milk and of the development of the feeding bottle.

From early Egyptian paintings it is clear that artificial feeding was common with this civilisation and that it was customary to suckle the child and the young animal at the same time. According to a Greek legend, Zeus was nourished by a goat and again there is the famous and popular story of Romulus and Remus and the wolf. In the folk lore of the Middle Ages there are several references to artificial feeding, and modern literature carries on the theme. The German writer Hauptmann illustrates the friendly feeling between beast and man, and there is a further famous example of it in Rudyard Kipling's "Jungle Books."

(Reprint from The World's Children, September, 1931.)

Children have been nourished at various periods in history by all manner of animals — asses, dogs, lions, deer, goats, and cows. Asses— these were popular at one time in France—cows and goats were the most commonly used. Asses's milk, however, was found to be lacking in fat and only suitable for small babies, and neither asses nor cows were convenient things to have about the house. Goats, on account of their size and comparative docility, were the most popular on the whole. But even goats presented difficulties, and although nursing benches were made which secured the animal's feet and provided seats for the mother or nurse, the animals still fidgeted and people complained of their disagreeable smell. So it was that the indirect method of artificial feeding gradually began to supersede the direct method, and spoons, feeding cups, and various rough and ready variations of the teat came into vogue.

The spoon has always been popular as a feeding instrument because it is compact and easy to handle, and it seems to have been especially common at the time of the Renaissance, for it is curious to note that nearly all the Renaissance pictures of the infant Jesus portray Him as holding, or being fed by a spoon. The popularity of feeding cups was analogous with that of feeding spoons, but they were never found very practical and have become so little used as to rank among the treasures of antiquity.

But both these contrivances were unsatisfactory because they did not make the baby suck. The importance of the sucking principle has always been realised, and there is evidence that some kinds of sucking bottle have been used since the earliest times, in Abyssinia, Babylon, and ancient Egypt, and with the Greeks and Romans. But such creations were not always used for feeding, sometimes merely as "comforters" or thirst quenchers between meals. In this catagory comes the little linen bag which Thebesius describes in his midwives' guide, which was filled with cake, biscuits, sweets, etc., moistened and placed in the child's mouth; it did not appease his hunger, but it kept him quiet and induced a sucking action. It was sometimes thought safer to substitute the corner of a pillow, soaked in brandy, for the linen bag, as a pillow could not be swallowed.

In the Middle Ages the usual type of feeding bottle was a sucking horn. Some of these were made simply with a hole through which the baby could gulp its food, but the better ones were arranged with an incision at one end, through which passed a tube bound with animal hide; this, being punctured with small holes, prevented the contents from flowing too freely. Women working out of doors often used to tie the sucking horn above the baby's head so that the child could feed itself when it was hungry.

In the fifteenth century the sucking horn gave place to a rather primitive edition of our modern feeding bottle. The shape and size of the bottles varied, but they were usually of wood and were made with a teat. In the following century silver and zinc feeding bottles came into general use which were more scientifically planned, their metal teats being moulded into the shape of a human nipple, and these in their turn were superseded by china and glass. The Baldini bottle was one of the earliest types of glass feeding bottle. It was made with a long neck, plugged at the end with a sponge covered with perforated leather. Through this the baby had to suck vigorously to obtain its food, and the bottle had the further advantage of being easy to rinse out, while the sponge could be removed and properly cleaned. But the modern conception of a hygienic feeding bottle, dumpy in shape, with its wide outlets and removable teats, is an invention of the last twenty years.

Impressions of a Visit to the Osler Library, McGill University

By CATHERINE de HUECK, Montreal General Hospital School of Nursing.

On a bright, crisp October morning our 1934 Class of humble M.G.H. "probies" wended their way to the Medical Building of the McGill Campus, to see Sir William Osler's Library, hear Dr. Francis give us a short sketch of his life and have Dr. Maude Abbott show us the collection of pathological specimens prepared by his own hands, which formed the nucleus of the now extensive pathological museum.

To me personally it was far more than a mere visit of curiosity. I had come from the far away lands of Russia. For several years now I had been living in Canada, eagerly absorbing her background, her history, her ways and customs.

Yet, countries are only as great as their greatest men, and here I had the precious opportunity to learn about one in whom Canada takes great pride.

It was, therefore, with concentrated attention that I listened to all Dr. Francis had to tell about Sir William Osler.

Gradually, as he spoke, before me arose a man, who set forth to help to conquer the world of disease—he was equipped with many weapons of science, art and knowledge, but these, interesting as they were, did not hold my attention closely—for the moral portrait of a great man began to materialise, through the manifold, often incredible, activities of the man.

I saw a boy, born in a country parsonage, learning the great lessons of life and religion by example, having for background that lovely, semi-wild Canadian countryside which charms the European.

I saw him go out to study and begin a new life strong in mind, heart and body. I saw him gradually rise to fame, growing inwardly — applying unto himself and others, the teaching in which he believed.

I heard how increasingly and unselfishly he gave of himself—yet I understood that never for a moment, did the source of that giving run dry —for he, in turn, received his strength from *the Source of all things.*

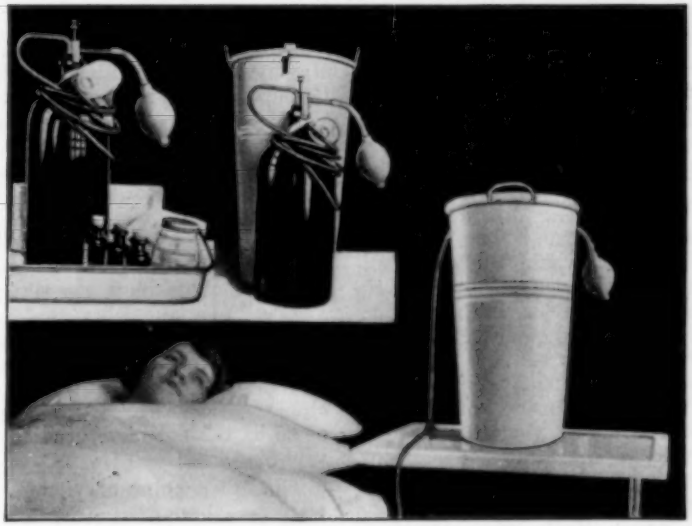
How could it be otherwise in a man who had repeatedly taught and lived the saying of the Mount, "Take, therefore, no thought for the morrow—for the morrow shall take thought of itself!" Hearing and feeling all this, I knew that Dr. Osler had found the Secret of Peace, which is not in the power of Man to give.

Yet another man rose before me when we went through this library, and I saw the beautiful first editions of priceless medical books, the complete collection of all editions of his favourite author, Thomas Brown—the lovely bindings of Religio Medico —the rounded out classics—simply good literature of the day—what rich nature and gifts were his.

The man of science, the perfect technician, confronted me, when we went through the pathological museum and saw his own specimens. Nothing was too unimportant for him to master, for tedious must have been the progress toward such a perfect technique!

Slowly I made my way back to the library in silence. I remained before the bronze bas-relief which hides his ashes, thinking that indeed here was tradition to be lived up to; no wonder his name is spoken with such reverence and love in The Montreal General Hospital. I felt proud to be a "probie" in a hospital where he had "learned and taught." Indeed, more than that, I came a step nearer to Canada by being privileged to a glimpse into the soul of one of her great sons.

Institute of Public Health
Faculty of Public Health of the
University of Western Ontario
LONDON



—Courtesy, Miss A. Laporte.

A Subcutaneous Apparatus

By ALICE LAPORTE, Superintendent of Nurses, Misericordia Hospital, Winnipeg, Man.

A subcutaneous apparatus which has proven satisfactory in our hospital is made in the following way:

A winchester bottle is graduated to 100 cc. spaces. Glass tubes are bent and adjusted into a two-holed cork to fit the neck of the bottle; one tube reaching to the bottom of the bottle, the second extending one-half inch below cork. A large clamp holds the cork firmly.

A rubber bulb such as that used for atomizers is connected to the shorter tube. To the longer is attached one piece of rubber tubing 40 to 45 inches long, a rustless needle 2½ inches long is fitted to this tubing.

To maintain the temperature of the solution, an enamel arm bath is used, both sides of which are cut one-half inch wide and three inches long, to obviate the possibilities of either tube or bulb coming in contact with the water. Handles are riveted on each side and an enamel cover completes the apparatus.

While the cost of such an apparatus is very small, its advantages are many. A few points in favour of this equipment are:

1. The solutions are easily kept warm.

2. Transfering of solutions is unnecessary, thus avoiding contamination.

3. The amount of solution absorbed is easily and accurately computed.

MANITOBA ASSOCIATION OF REGISTERED NURSES

The Annual Meeting of the Manitoba Association of Registered Nurses will be held in Winnipeg on January 14th, 1932.

Some Newer Ideas About Syphilis

By GEORGE S. FENTON, M.D., Ottawa

PART II.

In dealing with the treatment of syphilis two points of view must be considered. The first and most important regards the syphilitic as a dangerous member of the community, one quite capable, no matter how innocently, of infecting others with his disease. Usually this is done by direct contact of skin to skin. Since the delicate germ lives such a short time on contaminated articles, indirect infection occurs only in circumstances that are unusual and peculiar, and since the invariable tendency of spirochætae is to make for inside, untouchable places, it follows that the average syphilitic, even without treatment, usually becomes harmless to handle within a few months of the beginning of his disease. But in the early stage, while he is at large and dangerous from a public health point of view, there is one remedy which is preeminently useful. That is an intricate compound of arsenic which we call "606," salversan or arsphenamine. While it may be argued that these arsenicals, as we call them, have not great penetrating power, they do not deal satisfactorily with the dug-in organisms of an old infection, no one denies that when a sufficient amount of a suitable preparation can be brought into contact with free organisms, the effect is prompt and efficient. In a few days it is possible by the intravenous administration of these forms of arsenic to render any superficial syphilitic sore or lesion harmless and free from all traces of the infecting organisms. Now, as a public health measure, this has very great value. Carried to the ideal extreme it would mean that if all cases of syphilis in Canada could be recognised promptly and properly treated, syphilis would soon become as rare as typhoid fever, or indeed, extinct. Nor is this altogether a theoretical ideal. The effect of such imperfect knowledge and ability as we now have is already becoming evident. Syphilis in Canada is certainly on the decline. Text-books of ten years ago used to claim that ten per cent. of the population was infected. My own experience and the records of the Ottawa Civic Hospital, where routine tests are taken on all public ward admissions, gives no evidence that even half that percentage show any sign of the disease. You remember that my experience is very small and that the Ottawa Civic Hospital is not so very large. Yet it is the opinion of many observers that we are within a century or so of the complete eradication of syphilis.

The other point of view in treatment is that of the sufferer. He usually has a very keen desire to be cured. His chances, as I have said, depend upon how soon he begins treatment. What one means by cure, of course, is a most uncertain matter. So far as we know, it can never be absolutely proven that every single spirochæta in the body of a syphilitic is dead. And also, so far as we know, wherever one or two live ones are gathered together trouble is possible. However, experience teaches us that if the diseased person within a reasonable time, say within the first year, takes sufficient regular treatment for a long enough time, it may be for the rest of his life, it is extremely unlikely that any effects of the disease will ever show themselves. The earlier he begins the less treatment he will need, but for all his life he will have to take into account the possibility of what we called "accidents" happening. And if he is wise he will frequently, three or four times a year, have his blood tested and other investigations made, even long after his blood has become *negative*. While he lives no syphilitic can ever say that every spirochæta in him is dead.

A *negative* blood-test, by the way, has just as indirect a meaning as has a *positive* one. It cannot be construed

(A paper given by Dr. Fenton at a meeting of District No. 8, Registered Nurses Association of Ontario, on May 16th, 1931, at Renfrew, Ont.)

to mean that all of the infection has gone. It does mean that there is not sufficient infection remaining to make it worth while for the tissues of the body to produce a protecting substance. In this way the information given by a *negative* blood-test may be misleading or may give a false and dangerous sense of security.

Other than the arsenicals, the drugs most used in treatment are bismuth, mercury and iodine. Bismuth is a drug of recent and proven reputation. As a direct killer of spirochætae it has almost as much power as salversan. It is supposed to be somewhat less rapid in action, but is a sheet-anchor in cases where arsenic is not well tolerated by the patient. Bismuth is always given by intramuscular injection.

Mercury, as a cure, is almost as old as the disease itself. It has been used for hundreds of years and a vast amount of information regarding it has accumulated. In the old days it was given by mouth, by inunction or in the form of vapour in a bath. Nowadays it is used mostly as an intramuscular injection, occasionally by vein in very small doses of a soluble salt. On the whole, and notwithstanding the strong prejudice of the older men, mercury is undoubtedly giving place to bismuth in the treatment of syphilis.

The exact method in which iodine acts is somewhat uncertain, but of its usefulness in the later stages of the disease there is no doubt. Some of you will perhaps remember the stupendous doses of the drug which were given when syphilic disease of the brain was suspected. Modern supposition is that the iodides break down the protecting wall of scar tissue and leave hiding organisms open to attack of the more actively offensive drugs, arsenic and bismuth.

But sometimes, for various reasons, any or all treatment fails to prevent the later course of the disease, and signs and symptoms develop which make it evident that the spirochætae, allowed to lodge and live in remote hiding nests, are arousing themselves to destructive activity. These late manifestations of syphilis used to be called "para-syphilitic." In the old days there was some doubt as to their direct connection with the disease, but since the finding of the causal organism, spirochæta pallida, twenty-five years ago, it has been proven to exist, it has been seen in every tissue where these disturbances are found. It has been seen in the brains of those who die from general pareisis of the insane; in the walls of aortæ which have given way in aneurisms; and unsuspecting surgeons have contracted the disease from the prick of a splinter of bone.

Of course, what you see, as symptoms of later syphilis resuming activity, depends upon what tissue is the site of the disturbance.

The most spectacular and disastrous accidents occur when vital structures like brain and blood vessels are damaged, but any part of the body may suffer. It has become the custom to consider all aneurisms of the aorta as probably caused by syphilis and to look with suspicion on any mental or nervous degeneration appearing for the first time between the ages of thirty and fifty.

The process of damage is identical in every lesion. The living cells of the part are killed. Nature replaces them with scar tissue, her one and only patch for holes. As a patch this may be perfect: but you cannot think with scar tissue: it will not forever hold strong in the aortic wall, nor can it conduct an impulse in the muscle of the heart.

On no account must you believe that the ending of syphilis is often so spectacular. It is not. Although always in potential danger, as a matter of fact very few syphilitics die directly from the disease. But nearly all of them, without proper treatment, suffer from some indefinite deterioration of health. They often have headaches; they are not as well as they might be. To such, a little arsenic and bismuth has a miraculously tonic effect.

In connection with syphilis of the nervous system and specially with

pareisis, a new form of treatment has come into use. Some years ago observers in mental hospitals noticed that their paretic patients seemed to improve after they had suffered from some other sickness which gave them a high fever. It was also remembered that in countries where malaria, a disease which gives repeated high temperatures, was prevalent, pareisis was rare. Then was born the idea of inoculating with malaria, patients who had this nervous trouble. In the last few years many hundreds have been done, and the results on the whole are guardedly hopeful. The best claim is, that one-third are cured, one-third arrested and one-third show no change. The procedure is simple. Nearly every mental hospital has a patient undergoing this treatment, with active malaria in his blood. Five or ten cc. of blood is withdrawn when the fever is rising to a chill. As soon as possible it is injected into the vein of the person to be treated. The amount of blood used is so small that type differences are not considered. In a few days one hopes for chills to come. Temperatures of 106° are desirable. The patient is allowed to have as many as it is thought he can stand; say, from eight to fifteen, and the proceeding is easily stopped with a few grains of quinine.

This type of artificial malaria is not transmissible by mosquito. It is not, apparently, a dangerous proceeding in any surroundings. When they do come, the good effects are slow in appearing. One may have to wait a year or two for them. The exact manner in which good is accomplished is vague. It is thought that the high temperature either kills the spirochætae or makes them more susceptible to the attacks of other treatment.

Still more recently, another method of burning out the disease has been tried. That familiar form of physiotherapy, diathermy, has been put to this use. In diathermy, as you know, heat is generated inside the tissues by their resistance to the passage through them of an electric current. It is hard work for the current to go from one point to another through flesh—and all hard work makes heat.

For a long time it had been used on arms and legs. Later it was suggested as a treatment for pneumonia; and a year or so ago some bright mind conceived the idea of heating up the whole body to high temperatures when we wished to burn out such an infection as syphilis.

Large chain-mesh electrodes are applied so as to cover back and front of the patient's trunk. He is well covered with newspapers and tucked in with many blankets.

There is no reason why this mechanical fever should not be as efficient as the fever of malaria. One certainly has more control as to time and degree. It can be used when malaria fails to act. The method is too new to be fairly judged. My own experience is confined to the heating of a Chinaman some weeks ago. It took three hours to get to 103°.

Congenital syphilis I have purposely left for separate consideration. The disease, in this manifestation, has quite distinct moral and social features. Strictly speaking, it is not an hereditary disease. Few people who speak strictly and with meticulous accuracy in defining an hereditary disease, would require that its cause existed in either germ cell—spermatozoon or ovum—before these unite to form a new entity, the foetus. It is hard to believe that any spermatozoa or ovum could take part in a conception while it was burdened with a spirochæta. Hæmophila is perhaps the only true inherited disease, or, at least, we can't prove that it isn't.

Congenital syphilis is always acquired from the mother through the placental circulation. The mother always gets the infection first. Long ago this was hard to understand. There was the not uncommon mystery of a woman giving birth to an obviously syphilitic baby, yet not showing a single sign of the infection herself. And more, she was able to nurse with impunity this child, even though it had the very sores on its little lips. Usually when people bump against

something that is utterly beyond their comprehension they make a law about it—a fixed rule with which to settle doubts and answer foolish questions. For this miraculous preservation of the mother from her infected baby, Colles law was made: that a clean mother could suckle a sick child without being herself infected.

In the light of present knowledge there is no mystery and no need for a law. Such a mother is not clean. She always has syphilis. But before we could do blood tests, when latent syphilis was absolutely unrecognisable, she was thought to be clean. Such women always have *positive* blood reactions. Many, many times they have absolutely no other observable sign. It is one of the most striking examples of the wonderful ability of the spirochæta to remain latent, hidden beyond our ken. This freedom of women from obvious signs of infection is somewhat characteristic of the infection. Syphilis has been called a chivalrous disease. It is much easier on women than on men. They are much less likely to show serious disturbances of nervous system and circulation, but, apparently, they are just as capable of harbouring hidden harm.

Probably the most startling sign of the disease in a married woman is a series of abortions or miscarriages culminating in the birth at last of an infant who shows undoubted evidence of syphilis.

Now from one point of view, marriage has no bearing on the disease. It may be contracted as readily without as with the benefit of the clergy. But from another angle it is evident that married women are more likely to be exposed to the danger, more likely to suffer it innocently and ignorantly, and more likely to be unwitting factors in that sad family tragedy, an illborn baby.

It may seem that I am wandering from my subject into moral and sociological questions. But we are dealing now with an aspect of the disease which affects what, up to late years at least, was considered the very groundwork of our Christian civilisation—the family unit. And even in these days it is quite the thing for children to be born in families. And here, with syphilis as an intruding factor, we see not only the sins of the fathers visited upon the children, but that they force an innocent and interested third person, the mother, to be the direct administrator of the punishment. Such cannot be a very happy family.

Remember that in the majority of instances women are unaware of their condition. Time after time I see this at the clinic. Any attempt to obtain an accurate history of the beginning of the disease leads to an honest statement of sheer ignorance. All they know is that they are married. Don't you see that it all comes back to that sinister power of the spirochæta to remain alive but invisible for years and years—to strike and destroy, without warning, the most essential fibres of our being? Syphilis is a sneak.

When referring to the disease in many women and all children, the word "venereal" is an unjust cruelty. Many women, as I have said, are innocent sufferers forced indeed by their very religious customs to undergo a terrible risk. And surely the harshest dictum of the Mosaic law could impute no iniquity to their unfortunate and misbegotten offspring.

Many of these domestic tragedies are the result of carelessness and ignorance of the prospective parents; more are due to the same faults in our own profession. Yet it is very hard to say when infected persons may marry, very hard to say when all the germs are dead. Osler demanded three years of treatment and one of freedom from symptoms. The greater knowledge we gain by blood-testing reveals that such a limit might have been too short. It all depends upon the promptness and thoroughness of the treatment. A suggested period would be two years after the first negative blood, provided that during this time the blood has remained negative to frequent examinations.

For some poor wretched unfortunates this would have been a happier world if, in addition to calling the banns, they conned the blood: if the marriage license had two *negative* Wasserman reports attached.

Syphilis in the newborn is sometimes obvious; often it is at its old sneaking game of hiding and latency. The obviously infected infant has the usual textbook signs; he snuffles, he cannot nurse, his skin shows its peculiar rash. Liver and spleen are often enlarged, and above all, there is an old-age appearance of ill-health about him. And indeed he has already suffered the disease for some months in utero. Treatment is an urgent necessity, for here we have to forestall certain interference with growth and development. The average baby who starts treatment within the first few weeks of life will show negative blood tests within eighteen months. But, of course, the time to begin is long before the baby is born, by treating the mother all through her pregnancy. Here, every dose does double duty. If thoroughly carried out, the prospect of a healthy advent is very good.

Some babies show no evident signs at birth. They appear healthy and normal in every way, and if no blood test be taken it may be that the spirochætae are deceiving you again with their clever hiding. Infancy may be normal, young childhood may show no sign, yet in the tenth year, yes, even in the eighteenth year, there may first appear undoubted evidence of parental syphilis.

Commonly this shows itself in eye diseases, such as interstitial keratitis. In these children in whom early treatment has been neglected, it is very hard to get *negative* blood tests, although proper treatment usually stops the obvious progress of the disease. In some I have tried the effect of malarial treatment after four or five years of other varieties, but my results are as yet indefinite so far as blood tests are concerned. Children with these late signs of parental syphilis are not considered infectious and no special care is observed in the handling of them.

I should have been able to tell a better story, for this is the most interesting and human of all diseases. Romance and religion have hidden syphilis in an obscurity of dread and ignorance. And syphilis is old enough to deserve some mythology. The Chinese knew it 2,000 years before Christ. The Pharaohs, heedless of Israel's wise hygiene, show in their bones what penalty they paid. And through all the following years syphilis has been intimate with our progress. The most wicked war, the holiest crusade, alike have given it the importance of an epidemic. By its peculiar power to destroy in man those high qualities which separate him from lower things, intellect and judgment and conduct vanish with its insidious increase. Civilisation has paid dearly when in the brains of our great ones syphilis has *provoked wars* or *prevented sonatas*.

BACK COPIES NEEDED

Headquarters of the International Council of Nurses requires the following numbers of back copies to complete bound volumes of "The Canadian Nurse":

1916—February, March, April and June.
1917—April, May and June.
1924—April.

Individual requests have been received for:
1931—March, September and October.

Subscribers who are able to supply one or more of these copies are asked to send them to the National Office, Canadian Nurses Association, 511 Boyd Building, Winnipeg, Man.

Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section,
Miss MILDRED REID, 10 Elenora Apts., Winnipeg, Man.

Suggested Curriculum for Schools of Nursing in Canada

SECTION IV.

This Suggested Standard Curriculum for use in Schools of Nursing in Canada has been prepared by a Special Committee of the Nursing Education Section, Canadian Nurses Association, of which Miss G. M. Fairley is convener. Superintendents and instructors are invited to forward criticism to the Editor of the *Journal*.

In the October and November issues of the *Journal* there were published the content of preliminary and junior terms, and the second or intermediate year. The third year subjects are presented herewith:

Theoretical Course of Study

3rd Year Subjects

Obstetrics and Obstetrical Nursing	16 hours
Diseases of the Nervous System	8 "
Mental Diseases (including Clinics when possible)	8 "
Public Health and Sanitation	8 "
Professional problems, including an introduction into the Private Duty, Institutional and Public Health Fields	10 "
	50 hours

By arranging the course as outlined the number of lectures in the third year is considerably less than in the second year, and this should allow the student opportunity of more uninterrupted practical work. Where lectures are only repeated once yearly, it means that students in the senior section of the final year have class work right up till Christmas, or, in other words, the final examinations are held just at completion of training. The junior group (those commencing in September or October) are more fortunate and usually finish the theoretical course considerably before they are ready to leave the school, thus giving wider opportunity for developing executive.

As outlined above, this arrangement necessitates about three class periods weekly from the first week of September. Final examinations can usually commence immediately following the Christmas recess. If all the subjects suggested for the second year course are not completed by the time classes stop for vacation, then it would mean a slightly more crowded class schedule during the third year. Adjustments of this kind must of necessity be left for the individual schools to work out.

During the whole course too much stress cannot be given to clinical teaching; and where, as happens in many hospitals, the members of the medical staff do not give bedside clinics, this should be done by the head nurse or whoever is in charge of practical instruction. Much of the criticism that has been hurled at the profession during the past few years of "over educating the nurse" would have been less justified if the theoretical teaching had been supported by more and better teaching in the wards. There has been a recent swing of the pendulum, and one hears on all sides of the appointments of clinical instructors or teaching supervisors. In smaller hospitals where it is not feasible to increase or change the teaching staff it is quite possible for the head nurse or assistant to give clinics at regular intervals and in small groups. This should not be limited to teaching of senior procedures and discussion of cases and case records only, but should include elementary and junior procedures also. From the moment the probationer is on ward duty she should be familiar with this type of teaching. A definite period some time in the day should

be set aside for this purpose, and when systematically carried out, credit can be given in the class records.

In localities where there is a provincial mental hospital the lectures on nervous and mental diseases can sometimes, by arrangement, be given at that hospital by a member of the staff. In this way clinics can be arranged and the different phases of mental disease demonstrated. Where this is not possible, a visit to the mental hospital following the lectures often serves to stimulate interest in this important branch of nursing.

The Committee hopes that those who have found by experience any particularly good method of presentation of any of the subjects included in the curriculum will discuss it in these columns for the benefit of all members of the Association.

Affiliate Courses

Schools of nursing within special hospitals or general hospitals with limited services can usually supplement their course by arranging for affiliation with some hospital that has a department which can meet the deficiency. As these affiliations are usually planned during the senior year it means that the student gets the maximum of experience in the available time, and the contact with other students and in another environment is beneficial from the point of development of the student. Where a hospital has not an isolation or pædiatric department this affiliation is specially necessary, as these are two of the major essential branches of nursing. The majority of isolation hospitals, sanatoria and children's hospitals are willing to arrange such courses and are capable of making a particularly fine contribution in a course where either communicable diseases or pædiatrics is lacking. Also, as a means of stimulating an interest in the public health movement these services are of great value.

In institutions where there is not an active out-door department or other clinics (such as V.D.), affiliation can sometimes be arranged with existing public health organisations for periods of one or two months. The Victorian Order of Nurses has been very generous in arranging for such experience. It is, however, essential that affiliations of this type be arranged only where adequate teaching supervision can be given. Similar courses might be arranged with the department of education, under the guidance of the school nurse, or local or provincial departments of health.

The outstanding benefit to the student is in creating an interest in public health work and also in learning something of the environment from which the patients come whom she has met in her previous hospital experience.

The need for, or rather lack of, psychiatric experience in our so-called general hospitals has been emphasized so strongly both by our national and provincial associations that the Committee strongly urges every effort being made to include this in the curriculum. As has been stated by so many authorities that half of the patients in hospitals on this continent are housed in mental institutions, it would appear that there should be no difficulty in arranging affiliations for students from general hospitals.

In spite of the number and size of these institutions throughout the Dominion, there does appear to be difficulty in establishing affiliations for students from general hospitals which would in every way be acceptable to the parent school. Probably the main reason is the shortage of well trained instructors in this branch, but where it is known that a mental hospital is equipped to give such a course the Committee advocates every effort being made to establish an affiliation of two months. It is felt that such experience would be a great asset and would further prepare the nurse for the problems of mental hygiene that she will meet in whatever branch of work she may take up later.

NOTE: In the October number of *The Canadian Nurse*, in the third

paragraph of that section, reference was made to brief outlines of each course being available on application to Miss Upton, Secretary of the Nursing Education Section. There seems to be some doubt as to the content of these outlines, and for the information of those who may be interested in having them, they are being prepared with the heading of each suggested lecture arranged according to the course. A complete set may be had, or individual subjects, as requested. The Committee think that these outlines may be helpful, especially when there is a change of instructor or lecturer, to avoid too drastic change in the lecture content. These outlines will be available about December 20th, 1931.

Comments on Suggested Curriculum for Schools of Nursing

THIRD YEAR SUBJECTS

Nurse educators throughout Canada have followed with interest the Suggested Curriculum for Schools of Nursing in Canada, divisions of which have been appearing in recent issues of *The Canadian Nurse*. The following comments have been called forth after reviewing the topics suggested for the third year.

As this is a curriculum for small as well as large schools, one wonders whether it is advisable to leave Obstetrics and Obstetrical Nursing until the final year. In most small hospitals the proportion of maternity cases is large and the student nurse must, of necessity, receive practical obstetrical training quite early in her second year. Giving this subject in the second year would, of course, add materially to an already heavy programme, unless some adjustment could be made. Possibly lectures on Eye, Ear, Nose and Throat and Social Diseases might be substituted in the third year in schools where the exchange seemed to be indicated.

In submitting the curriculum outline the committee in charge has stressed the value of affiliations. With reference to short affiliations of one or two months in special branches such as psychiatry, communicable diseases, pædiatrics or V.O.N. difficulties arise unless an adequate teaching staff make it possible for the senior group to practically complete lectures during the spring of the third year. This would make them available for affiliations in the fall. The junior group would then complete lectures during the fall term and be available in the spring. Where it is not possible to procure affiliation advantages for all students of a school it is sometimes possible to provide them as elective courses, given to those students who would be likely to profit most by them. Students of small training schools who affiliate for the third year with a larger school receive their third year lectures in the latter school. They should also be given the opportunity of taking any subjects listed for the second year, in which they have not received instruction in their own school.

The curriculum outline also stresses the value of clinical instruction throughout the three years of training. There is no doubt that the lack of this has been a serious defect in recent years in nurse training and in the senior year it should be of maximum benefit to the student. The institution of this type of teaching cannot be too strongly urged. Yet the fact remains that, under existing conditions in most Canadian schools, it is not possible on any large scale. Inadequacy of teaching personnel and lack of opportunity on the ward, for the reason that the student is still almost entirely responsible for ward nursing, make it extremely difficult. It has been suggested that, where clinical instructors are absent, clinics may be conducted by the head nurse.

This is a desirable objective, possible where the head nurse has available time and is qualified to do so.

In the planning and carrying out of any ideal curriculum nurses are faced, in the final analysis, with the fundamental problem of nursing education, lack of its recognition as a form of education, with a consequent lack of financial support. This would appear to be the problem which must first be solved before it is possible to realize the objectives stated in the I.C.N. Committee Report and mentioned in the Introduction to this Curriculum.

A. S. C. and F. H. W.

Each of us recognises and acknowledges the need and desirability of a standard curriculum. As far back as 1894, Miss M. A. Snively advocated one, yet all these years have elapsed before a definite start has been made. But the more we study the needs of the nursing profession as a whole, honestly and with a forward look to the future, the greater the doubt as to whether there is not a greater and more important need to be faced at once.

What other profession would expect its students to become competent in their chosen field with as poor a background in the school, of teaching equipment or clinical experience, as we expect our student nurses to do in the majority of our hospital schools of nursing?

In the hospitals of less than 100 beds with the proportion of nurse to patient averaging 1-3, the average daily number of patients on the surgical wards is less than one. This is true for medical diseases, with a very much lower percentage for obstetrics; while paediatrics, gynaecology, otolaryngology, etc., are lower still. How, then, can the student gain experience sufficiently varied to make her a competent nurse, for even the ordinary routine types of sickness, let alone the more unusual and unexpected cases?

Taken in conjunction with the forego lack of practical experience, there is most frequently found insufficient theory to make the future nurse at least acquainted with the fact that there are diseases and conditions, operations, treatments and experiments which she has never seen.

However, we know that it is not the nursing profession that must bear the full responsibility for this condition, knowing as we do that it is the hospital and its governing board—whatever the name—that is responsible for having a school of nursing and managing it. But are we not responsible for educating these people to a better understanding of the situation?

The argument that schools of nursing are needed in small communities to supply local needs is not wholly true. From each community a number of young women go to train in larger centres and after graduation frequently wish to return home, but find they cannot, as there is no work for them, due to the graduates from the local school.

The expense of a school of nursing is greater than with a graduate staff, provided the proper teaching equipment, personnel, working and living conditions with sufficient clinical experience are provided.

Starting with sufficient clinical experience for the number of student nurses, a standard curriculum is most desirable, for then all future nurses would have a common background. This might do considerable toward wiping out much of the present criticism of private duty nurses—a situation not found with the Victorian Order of Nurses or Public Health Nurses. As it is, hospitals whose schools of nursing are not recognised or are barely within the recognition line, yearly turn out young women as nurses who compete with those who have received an excellent training in every way. With few exceptions, the public knows no difference and judges all by the sample they meet. The settling of this matter is not by decision, solely, of the local hospital, nor by

the nursing profession, but also by the public and by the government of the country.

In planning our standard curriculum, we should take a broad outlook forward and start with the future needs of the nurse, who may be called on to work in many varied localities and care for many types of sick people with wide variation of ailments. We must think in terms of the world need, not our local requirements. Therefore, the nurse must have a rich intellectual background and incidentally needs it in order to fully co-operate with the medical man of today. The nurse needs the ability to form sane, well-balanced opinions—an impossibility without knowledge on which to base her judgments—and well-developed reasoning powers.

The outline of the Theoretical Course of Study for the first year provides much food for thought. Though bacteriology and pathology are grouped together yet they need not be given together, which appears unwise. Also, it is very doubtful if pathology should be given at all in the preliminary term, due to the lack of both a proper theoretical and clinical background.

Lectures on general medicine seem to be left until after the first year. As theory in the preliminary term has been leading almost entirely to medical conditions, one feels that lectures on general medicine, preceded by or coincident with pathology, would be of greatest value in the junior term.

As the Principles and Practice of Nursing form the very foundation of our work, the hours recommended are quite inadequate to cover thoroughly the necessary ground, let alone the accessory subjects of bandaging and institutional housekeeping. Possibly the outline, when it appears, will revise this opinion, but those of us who are teaching, year by year find we must include more and more in the preliminary term, in order to prepare the student for the demands made on her once she becomes a junior nurse.

If chemistry and physics are both to be given in the number of suggested hours, it would seem better to leave the subjects out of the curriculum entirely. Even if all the hours were given to chemistry, they would be quite inadequate for more than a cursory introduction, let alone sufficient grounding to aid in explaining and linking such subjects as anatomy and physiology, dietetics, materia medica, bacteriology, pathology and practical nursing.

Incidentally, is physics really needed for the average nurse? If needed for some special field of work, she should take an adequate training in the subject.

It is undoubtedly most desirable to have dietetics given in both the preliminary and junior terms, or later. But in the small hospital it is sufficiently difficult to find adequate time for the dietitian to give the course in the preliminary term. Some places try to give more theory in the preliminary term and extra practical experience in the diet kitchen as a probationer or junior nurse, and later the regular diet kitchen term.

With the strong emphasis, today, being placed on preventive medicine and aseptic nursing technique, eight hours for personal hygiene and no progression onward into the field of sanitation seems a serious omission. Even if more time for this phase of nursing knowledge is given later in the intermediate or senior year, yet the need seems greatest in the preliminary term when the student, new to the life, is learning how to protect herself and future patients by practicing "health" ways of working, besides laying a strong "habit" foundation for future use as the demands on her knowledge and experience grow greater.

Few schools of nursing, especially so in the smaller hospitals, have anyone on their staff competent to teach psychology. Unless the subject matter is well prepared and well taught it

(Concluded on page 648)

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,
Miss CLARA BROWN, 23 Kendal Ave., Toronto, Ont.

Private Duty Nursing Under Present Conditions

By MABEL McMULLEN, St. Stephen, N.B.

Before beginning I would like to explain that when collecting material for this paper I found that it was impossible not to refer to the school of nursing as well as to some other branches of the nursing profession. We are agreed that all branches of our profession should dovetail one into the other, so if I make reference to them it is because of some certain point I wish to make.

As life and civilisation become more and more complex, the competition in all lines of endeavour becomes increasingly keener, and the nursing profession is no exception to this competition.

Preparation for most professions is acquired in colleges and universities, which prepare their graduates for a variety of fields of work, and nowadays there are college, vocational and placement bureaux to balance the wheel by showing when any one profession or business is tending towards overcrowding.

It is a generally accepted fact that the field of general nursing is overcrowded; consequently the individual nurse, by that I mean the private duty nurse, is suffering from a situation which she had no part in creating. She has leisure time thrust upon her. She has no stated salary, no "steady job," but is dependent upon the amount of illness in the community where she is located; also, no doubt, she is suffering from the present world-wide depression.

Already in the educational world the condition of over-production has been met by colleges, law schools, engineering schools, etc., raising the academic entrance requirements, thus increasing the desirability of the applicants, and at the same time lessening the number of applicants. The business world attempts to adjust production to the demand, to reach all available markets, and to develop markets to absorb over-production.

Many schools of nursing have tried to run parallel with these methods, and from time to time have raised nursing standards, and in other ways have tried to keep the nursing profession abreast of advancing science.

No profession stands still. It must recognise changing conditions and adjust itself to them.

The traditional background of our profession makes it difficult for the nurse to arouse sympathy and to secure understanding from the public. By background I mean that originally the nurse had no hours, no income, but voluntary service was given for "sweet charity's sake." Only in recent years has a nurse been recognised as a wage-earner. For years the general public had no realisation of the little margin which a nurse possesses to safeguard her health or increase her income. The general public is inclined to think that the nurse is coining money, while

(Read at the annual meeting of the New Brunswick Association of Registered Nurses, September 16-17, 1931.)

as a matter of fact she possesses no surplus resources to provide a security against reverses or to provide financial means for post-graduate study in any special line. Many insurance companies have withdrawn disability from nurses because of the high risk. Nurses, on the whole, have not resented the situation, nor have they indulged in self-pity. Nevertheless, they are beginning to think that they have accepted unsatisfactory conditions long enough. They realise that they need to be a little more intelligent in their sacrifices, and a little more belligerent in their protests. Lawyers, doctors, clergymen and teachers have already undertaken to make required adjustments in their professions, so why should not the nurses regulate the numbers permitted to enter their profession, also regulate the fees to be charged by those practising in the profession?

Now let us consider the source of the production of nurses: the school of nursing in which the student nurse serves three years, and during that time she receives practical experience in the care of medical and surgical patients, also in paediatrics and obstetrics, and in some hospitals care in communicable diseases.

She graduates and is equipped to do general nursing. Also, she graduates with an empty pocketbook and naturally has always turned to private duty work as the one available source of cash. Her one aim is to get "a case." Frequently, her school cannot provide her with work, neither can it recommend her to a position in any special line of work. She must take a post-graduate course to prepare herself for public health work, laboratory, anaesthesia, physiotherapy, or any of the various fields of work now open to the present-day graduate. She must be able to finance herself, so naturally she turns to her local registry, and to the doctors with whom she has been associated during her years of training. All graduates do not take up private work, but a sufficient number do to become the cause of the over-supply in this particular field. Also the distribution of new recruits is not spread evenly over our population. This is another one of the influences bearing upon the serious question of unemployment among nurses.

The situation among the private duty nurses not only of New Brunswick but all over the country is the same, namely:

Constant over-production;
Lack of proper distribution;
Lack of direction into the less filled channels of nursing;
Supply in one line of work greater than the demand.

From time to time the nurses have asked for increased fees and shorter hours of service. These have been a bone of contention many times. I will not comment further upon these. The question has been discussed each year by our Assocation at the annual meetings. Personally I do not consider our fees are exorbitant, and I would suggest that they remain as they are. The unemployment situation at present would not warrant an increase, and we could not work for less and earn a decent living. The question is a big one. It will adjust itself, as all situations do, with "the greatest good to the greatest number." In the September number of *The Canadian Nurse* is a paper by E. Muriel McKee, in which the situation is dealt with—READ IT.

As one of the older private duty nurses of the province, I ask that the situation be considered by the members of the Association, that superintendents of schools and all leaders of the profession discuss this question with private duty nurses, for it is a problem that they cannot solve by themselves. I feel assured in stating that private duty nurses will be ever so grateful for any interest shown. This paper is not a work of art. It was written in a haphazard way, but I do hope it will open up a discussion and help in some way to ease the present situation among the private duty nurses.

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section.
MARY F. CAMPBELL, 344 Gottingen Street, Halifax, N.S.

The Child Welfare Clinic in Meeting the Problem of Infant Deaths

By ESTHER M. BEITH, Executive Director, Child Welfare Association of Montreal, Montreal, Que.

During the last fifteen or twenty years, the writer, and some of the present audience, have listened to a great many speakers on the subject of the problem of infant deaths. We have all quoted and listened to others quote statistics and rates, which we felt were indisputable in proving that the particular factor we wished to emphasize was largely responsible for an increase or reduction in our infant mortality rate. In fact, we have almost come to the bored conclusion that, given a paper, a platform, a few figures and the subject of infant deaths, anyone can prove almost anything. However, in the light of these years of experience, I think we will all acknowledge that there is one factor contributing to the saving of infant lives that does not need statistical proof, that stands out far above all the rest and on which all other factors are dependent—that is, the ability of parents to give intelligent care to their own children.

It has been stated many times that infant mortality is the most sensitive index we have of the results of public health effort, or, even further than that, of the intelligence of our whole social system. Yet we know that such an index, if used in a comparative sense, is subject to error. The actual rate of mortality for infants in any country, province, city, town or district is dependent on two factors: an accurate statistical record of births and deaths. The record of deaths is fairly accurate in every civilized country, but the record of births in some still leaves much to be desired. Whether this is due to lack of intelligence on the part of our people, or lack of public health effort, it might be difficult to state. Personally, I think it is due to both and there is no doubt that a more accurate registration of births in the province of Quebec will have a definite result in the mechanical lowering of the infant death rate for almost every section of our province, from that which is now quoted by the Dominion Bureau of Statistics.

Another mistake, which we frequently make, is the comparison of infant death rates of various countries, cities or provinces, one with the other, without taking into comparison the economic factors, customs and characteristics of race, nationality and climatic conditions, and we assume because any given place has used certain methods and arrived at certain results, we by copying their methods, without any thought of adapting them to our own peculiar local conditions, may achieve the same goal. Some of us can bear personal testimony to the fallacy of such a policy. Nevertheless, we can learn much from a study of the statistical results of other places.

A study of the decline in the infant death rate in New Zealand to its present low level of 34, leads us to inquire into the methods used in that country. Minneapolis and St. Paul with a joint population of over 600,000, using practically the same methods in both cities, had in 1929 an infant mortality rate of 47.5. New York, with its enormous population and all its economical and racial pro-

(Read at the First Bilingual Conference of the Canadian Council on Child and Family Welfare, held in Quebec, February 23rd, 24th and 25th, 1931.)

blems, had a rate of 59. London, England, a rate of 67. When we compare this with two cities in this province—Montreal, 132, and Quebec, to quote the 1928 figure, 173, we ask ourselves what are those cities doing that is not being done here. I think the answer very definitely is—they are doing more than we are to educate the parents of their children in approved methods of child care.

"In 1892, Dr. Budin of France, moved by the numberless deaths of babies among the poor, devised a plan of education for the mothers. He established an institution designated as the 'Consultation de Nourissons,' where he attempted to reduce infant mortality according to the following plans: first, by encouraging breast feeding as far as possible; second, by giving sterilized milk if necessary; third, by supplementing maternal milk with good cow's milk, if the former was insufficient; fourth, by making systematic observations of each infant in order to note its progress."

Two years later, also in France, another form of institution, known as the Goutte de Lait, was established. This provided modified cow's milk for infants who needed to be artificially fed, and also provided medical examination. From this beginning, a modification of these two, termed for the purpose of this paper The Child Welfare Clinic, has spread to every civilized country in the world and to some that we would classify as uncivilized. An institution that has stood the test of thirty-nine years; that has been adopted and adapted to every race and every country; that in spite of opposition from some of the profession responsible for its establishment, and in spite of many diversified methods of organisation and control, has gone on steadily increasing in numbers and strength, must have something of value to offer to account for its present place in our health programme.

The present Child Welfare Clinic is much the same everywhere. It is a centre where infants and pre-school children are brought periodically to be weighed, so that their progress can be carefully watched. There is a physician attached who is present at stated intervals, once or twice each week, who gives physical examinations and advice as to feeding and care. One or two nurses are present to aid the physician and emphasize his teaching either in the clinic or by visiting in the home. Class instruction to parents is undertaken. Such clinics are wholly preventive in their character. If medical treatment is necessary, the parent is referred to the family physician, or if unable to pay, to a hospital clinic.

The chief value of the Child Welfare Clinic, since its establishment thirty-nine years ago, is not limited to the service it has given to the children who have come under its care. It is to the infant and pre-school child what the school is for the school child, the focal centre of community interest in that age group. It has provided the best opportunity, outside institutions, for physicians, nurses and other welfare workers to study the so-called normal or well baby. It is true that certain interested and intelligent members of a community can visualise the results, to the collective group, from a series of individual experiences. Nathan Straus, in New York in 1893, saw the result of feeding impure milk to babies and opened the Strauss milk depots, the forerunner of the modern child welfare clinic, from which pure milk was supplied for artificially fed infants. This, in New York, as it has done elsewhere, focused the community interest in providing a safe milk supply for children.

The failure of infants to respond to the treatment advised by physicians in child welfare clinics, led to the provision of specially trained nurses, now called Public Health Nurses, to follow these infants into their homes to see, and, if possible, overcome conditions which prevented their healthy de-

velopment, and it was chiefly through this method that the ignorance of parents as to how to care for their babies was brought to the attention of the public and the parents themselves. When large groups of babies failed to respond to certain types of treatment, and from careful observation the fault could not be found in the home, physicians interested in this work realised that something must be wrong with their own treatment, and, as the result, we have thousands of such men and women all over the world giving their best efforts and scientific training to improving methods of caring for babies and small children.

Maternal nursing, the lack of which was responsible for the establishment of the first clinic in France, is the keynote of the infant mortality reduction programme in New Zealand, St. Paul and Minneapolis, the results of which show in two of the lowest infant death rates we have anywhere.

Child Welfare Clinics soon showed our physicians that after a baby is born is too late to institute methods for his protection. Then followed the establishment of prenatal clinics and education, in which programme for Canada the Canadian Council on Child and Family Welfare has taken a very active part. The Child Welfare Clinic has proved that certain conditions will respond to our present methods of infant care. Rickets, which even fifteen years ago filled our children's wards in hospitals with hundreds of deformed children, is never seen except in its mildest manifestations in any child who has been under the supervision of a properly run Child Welfare Centre. Intelligent feeding, cod liver oil and sunshine can practically wipe out this disease. Cases of infant scurvy, a scourge of infancy till recent years, can hardly be found for medical student teaching.

The marasmic or malnutrition babies—the little old men whom the writer remembers being admitted in numbers to hospitals, to die within a few hours, are rarely seen in cities where a widespread programme of child welfare is carried on. Smallpox has been practically eliminated as a cause of infants deaths. It has responded to vaccination. Diphtheria, we know, can be prevented by immunization. This is an important part of the work of every Child Welfare Clinic. Deaths from summer diarrhoea, possibly the greatest cause of infant mortality, have responded to the greatest extent. The rate per thousand of babies dying in Montreal last year from this cause was 42; in 1921 the rate was 65, a reduction in nine years of 23 deaths in every 1,000 births from this cause alone. Toronto had reduced its deaths from summer diarrhoea to five in every thousand births in 1924. This year it has gone up again to 13. The present economic situation—mothers working and lack of maternal nursing may account for this increase.

Deaths from early infancy have responded to improved prenatal care and proper care at confinement. There is still much to be done—our maternal death rate is too high. Respiratory infections, whooping cough and measles, while they have responded to improved methods of treatment and quarantine, have not joined the group of preventable diseases; but to me, the most encouraging factor connected with all our Child Welfare Clinic work is, that the demand for some preventive measure for these and other causes of infant deaths, is not coming from the medical and nursing profession, or a few of the more intelligent of the community alone, but from parents themselves. We are finding, in Montreal, that it is no longer necessary to carry all our teaching to the parents—they are coming to us with a demand for education. Mothers', and even fathers', classes are a definite part of our Child Welfare Clinic programme. These, though they will never obviate the necessity for all individual instruction, have a

decided advantage over home visiting in that the parents come with a definite desire to learn. There are no interruptions—the door bell does not ring nor the soup boil over. They are a great saving of time. Twenty to twenty-five mothers can be given an hour's instruction in less than one afternoon. It would take 35 to 40 hours to give this in the home. But the point that we stress most is, that parents learn from each other, when such education is properly supervised and directed.

While the baby is the centre of interest of the Child Welfare Clinic and the reduction of infant mortality the keynote of its work, we have learned two facts from our years of experience —one, that to keep an infant alive is not sufficient. In fact we, as child welfare workers, are sometimes criticized on the very grounds that by so doing we are interfering with the laws of natural selection and preserving the weak and feeble of our race. This is not a just criticism. No one can foretell the future value of any infant, save possibly of those few who are so physically or mentally handicapped that there seems no possibility of their contributing to the welfare of the race. Even for these, who of us can decide of what value they are or are to be, in the development of the lives of those responsible for their care. We know that deaths from preventable causes do not always occur among the weak. It is frequently the strong and sturdy that succumb. Again there is the most important point of all, and that is, that conditions which operate to prevent death, also operate to prevent sickness. For every infant kept alive there are many more saved from sickness and suffering. The second fact we have learned is, that the health of an infant can not be divorced from that of its family or its environment. Practically every phase of public health work has a direct bearing on infant life. The country health units of our province, of which we are all justifiably proud, rank very high in our "reduction of the infant death" programme. There is not much use spending money on promoting the health of an infant, if either or both of its parents are active cases of tuberculosis and are left to infect the child. This is equally true of the social and economic factors. The necessity for the employment of the mother or the unemployment of the father, insufficient income, bad housing, lack of play spaces—these and many other factors influence every child's healthy development. The younger the infant, we admit, the easier it is to adjust these factors. With proper care and supervision an infant will thrive under pretty adverse conditions. This is not so true of the pre-school child. The healthy development of the toddler under our modern conditions of small apartment houses, streets teeming with traffic, no place to play, either inside or out, is one of the most serious problems of our age and one does not wonder that our schools, courts and clinics are filled with the so-called problem child.

This brings us back to the prime function of the Infant Welfare Clinic, that of an educational centre, whether it is the education of physicians, nurses, social workers, parents or the community, whether the education be given individually or collectively, in the clinic or in the home, it is all part of a Child Welfare Centre programme, and it is aimed towards one goal—the acquiring for and imparting to parents the best knowledge we can obtain as to the prevention of disease and promoting of health. When all parents have this knowledge and the knowledge of all the correlated economic and environmental factors, and have the desire to correct them, they who are the voters and legislators of our country will take action; and then, and then only, will the problem of our infant deaths be reduced to its irreducible minimum. As to what that irreducible minimum is, I doubt if anyone is prepared to answer.

Institute of Public Health
Faculty of Public Health of the
University of Western Ontario
LONDON CANADA

(Concluded from page 641)

would be much better left out, for wrong ideas and impressions are so easily the result, with dangerous sequences.

The work, theory and practice which must be covered in the preliminary term, cannot be done in a thorough manner, in less than four months. If there is a full-time instructor for the probationers, the ideal way is to concentrate for the first month on class and demonstration room instruction. Following this 3-4 hours per day might be spent on the wards, under the intimate supervision of the instructors. When intensive theory and demonstration room work is given during the first month, it allows for progressively more time being spent on the wards in the succeeding months, when greater gain in knowledge by observation is possible, due to the background of theory already supplied.

Many hospital schools of nursing give a short course of lecture and laboratory work in urinalysis. The outline as presented so far has not mentioned this subject. Most feel, a minimum of knowledge on this subject must be secured and the best time appears to be during the preliminary term when it is so easily correlated with anatomy and physiology, besides being needed for the intelligent and understanding nursing care of the patient expected of the student once she enters her junior term. Much of the preliminary theory in practical nursing, and later the various tests and treatments as seen on the wards are unintelligible to the young student who has no knowledge of the subject of urinalysis.

S. M. J.

Book Reviews

Health and Social Evolution, 1931. The Halley Stewart Lecture, 1930, by Sir George Newman, K.C.B., M.D., Hon. D.C.L., LL.D. Published by George Allen & Unwin Ltd., London. 200 pages. Price, $1.25.

Here, in less than 200 pages, is a record of the progress of health and social evolution from the Middle Ages in England to the present day. These lectures show how medical practice, in some form, has been for centuries more or less related to the state; their main purport, however, is to show the absolute interdependence of health and social evolution. Higher standards of living have regularly been accompanied by higher standards of the public health, and with the progress in both there has developed the "New Humanism" resulting in less of the down-trodden serf, less of the sordidness of poverty in an environment of disease and pestilence, less of the revolting conditions of child labour, less, in fact, of man's inhumanity to man—especially to the defenceless child—a "collective Humanism," which, as Sir George states, "is the inspiration of all good government and which claims that life is more than the meat and the body than raiment." And, in this humanisation, the national health policy "has been made more personal and domestic, more educational and preventive and brought nearer to the needs of the individual."

In a prose which reads like poetry, Sir George Newman has arrayed fact after fact, has analysed and compared the conditions of the past and the conditions of today in England and leaves the reader in no doubt at all that the new Humanism under which the governmental policies of health and social betterment are developed is a distinct advance towards the Ideal—the Christian Ideal, if one cares to put it that way.

For those who bemoan the passing of the "good old days" this book is especially valuable. This must not be interpreted to mean that Sir George sees or pictures the past as all bad. Nothing of the kind. He shows how each Age has made its contribution to the Ideal, how the light of the Ideal was held high through the most trying periods in England's history and how apparent disaster often hastened improvement. But read these contrasts in reference to the eighteenth century. "The lovers and the critics of that period know full well that, as in Greece in the fifth century B.C., there were two worlds of people and affairs, lords and slaves, the bright, artistic, glittering world and the underworld. Alongside glorious architecture there were the beginnings of slums, Burke's India as well as that of Warren Hastings, spacious homes and indescribably mean prisons, the loveliness of the children of Gainsborough and Reynolds and the shocking misery and mortality of the children of the people, the winsomeness of Nature and the sordidness of industrial towns, a rural England sliding unconsciously into an urban England."

Sir George shows, too, the price that must necessarily be paid for the higher standards of social life and health, individual and national. He shows what the new Humanism is costing England today—and what it is saving in lives. He recognises the new problems that have arisen by application of the new Humanism, e.g., the problem of caring for a greater population for which there is less work. He takes into consideration the possible changes in the character of the people under the influence of the new Humanism. He admits that the health and social amelioration schemes in England today—the National Health Insurance Act, Old Age Pensions, Unemployment Insurance, War Pensions, Education, etc., are not yet perfect—although such schemes cost England three hundred and forty-eight million pounds in 1929. In 1891 the expenditure was twenty million. But he is not discouraged. He is taking stock and balancing his accounts and preparing for the future.

Even to indicate the store of information and critical analyses contained in this book in reference to health and social evolution is, for this reviewer, impossible. It is at once a most instructive, interesting and inspiring volume. As to the presentation, one need only say that it is the work of Sir George Newman. That alone is sufficient to attract everyone in public health and in a very wide circle outside—not only in the medical and nursing professions but in all walks of life.

The book is clearly printed in large type and is without typographical errors. It certainly should be read by every nurse and physician.

N. E. McK.

News Notes

INTERNATIONAL COUNCIL OF NURSES

The following interesting announcement has been received from headquarters:

Your readers would probably be interested to know that from October 8th the services of a nurse have been placed at the disposal of the Health Section of the League of Nations for a period of two years, through the medium of the International Council of Nurses. This arrangement has been made possible by a money grant from an anonymous nurse donor, the gift having been extended and the matter planned through Miss Clara D. Noyes, First Vice-President, and the Board of Directors of the International Council of Nurses, which met in Geneva this summer.

Although the Health Section of the League has hitherto referred nursing matters which have arisen in connection with its work to the Headquarters of the International Council of Nurses, an increasing need, expecially relating to field work, has been felt. The offer extended by the Council of the help of a nurse qualified both in public health nursing and hospital work was therefore gratefully accepted. The salary given is the same as that granted to the medical members on the staff of the Health Section serving directly under the Medical Director, Dr. L. Rajchman, and, therefore, puts the nurse on an equal footing with her medical associates working immediately under the Director. The period of two years will make it possible for the League to decide if work dealing with our profession is worth while continuing.

Miss Hazel A. Goff has been appointed to this position. She is a trained dietitian, and graduated as a nurse from the Massachusetts General Hospital School of Nursing, Boston, one of the oldest and finest institutions of its kind in the U.S.A. After considerable experience in training school work in different institutions there, she was selected by the American Red Cross to direct the school of nursing which it was sponsoring in Sofia, Bulgaria. So well did she do her work there, that she was able after a period of three years to leave the school under the direction of the graduates. Following this she was for three years Field Director on the nursing staff of the Rockefeller Foundation, European Office. Since September, 1930, Miss Goff has been at Teachers College, New York, where she has obtained her B.S. degree in Public Health Nursing Administration.

The history of the International Council of Nurses up to 1925, written by Mrs. Bedford Fenwick, the Founder of the Council, and Miss Margaret Breay, for twenty-two years its Treasurer, which was published in the July and October, 1929, number of "The I.C.N." and the March number, 1930, of the "International Nursing Review," has been issued in pamphlet form with illustrations. The pamphlet is for sale from International Headquarters of the Council, 14 Quai des Eaux-Vives, Geneva, the price including postage, being 4 Swiss francs (85 cents, Canadian currency) per copy.

DISARMAMENT CONFERENCE

Miss Hilda C. Laird, Dean of Women, Queen's University, Kingston, who is convener of the League of Nations Committee, National Council of Women of Canada, has addressed a circular letter to members of her Committee throughout the Dominion.

This letter bespeaks the support of all members of the Council to the Disarmament Conference which is to be held in Geneva, in February, 1932.

Local and provincial groups of nurses who have undertaken to stimulate interest among their members in this Conference are asked to forward a brief report of these activities to Miss Elizabeth Smellie, Chief Superintendent of the Victorian Order of Nurses of Canada, Jackson Building, Ottawa. Miss Smellie is the Canadian Nurses Association representative on the League of Nations Committee of the National Council of Women of Canada.

BRITISH COLUMBIA

The following are the results of the recent Examination for Title and Certificate of Registered Nurse of British Columbia: 91 candidates wrote full papers; 86 passed; 4 failed; 1 passed with supplemental to write.

STANDING IN ORDER OF MERIT

FIRST CLASS—80% AND OVER: Misses D. M. Cornwall, Vancouver General Hospital, and H. C. Foy, Vancouver General Hospital.

SECOND CLASS—65% TO 80%: Misses K. B. Reid, J. A. Beattie, E. M. Jones, M. H. Lunam, K. M. Strang, F. A. McDonald, E. L. Elliott, F. M. Stoddart, I. M. I. Magee, (M. Mellish and D. A. Cuff, equal), K. F. House, (N. K. Malone and A. I. Forneri, equal), B. K. Makola, G. M. Barner, M. H. Busselle, (P. M. Gansner and M. I. Taylor, equal), H. J. Dobson, (H. M. Arnold and B. K. McCuaig, equal), L. N. Cyr, (K. M. Haynes and A. M. Earle, equal), R. E. Woodley, S. Dolhun, (I. C. Dezall and E. E. LaFontaine, equal), D. E. Wallis, (N. Downes and M. McLennan, equal), M. E. Sanderson, (C. I. Ferguson and V. M. Freeman, equal), (D. J. Russell, A. M. Caven and B. L. Robson, equal), M. E. Dickson, L. E. Beechey, (G. M. Boseley and A. P. Osborne-Smith, equal), F. D. Foster, (M. E. Jermyn and M. B. Head, equal), P. G. Barff, D. C. Hamilton, I. E. Alger, M. G. Scroggie, (E. E. Custison, M. C. Withyman and M. B. Hodgert, equal), E. L. Lloyd, E. R. Stender, E. E. Fiddick, (B. V. Matthews, R. V. Evans

and B. L. MacDonald, equal), Z. W. Service, T. D. Rowan.

PASSED—60% TO 65%: Misses (M. Campbell and C. Withyman, equal), E. E. Steven, M. Kelly, (M. L. Brown and M. Liddle, equal), (M. L. Bingham and M. Stoddart, equal), B. A. Brown, G. W. Paterson, E. S. Stokvis, (I. I. Powell and M. M. Stewart, equal), A. I. Laing, M. M. McLean, M. A. Clayton, E. T. Marshall, (S. B. McCutcheon and M. M. Jaques, equal), O. I. Levar, (M. A. Moore, Z. R. Dawson, W. A. Rabbitt and V. V. Johnston, equal).

PASSED WITH SUPPLEMENTAL TO WRITE: Miss E. V. Johnston.

MANITOBA

BRANDON: The October meeting of the Brandon Graduate Nurses Association was held at the home of Mrs. W. H. Shillinglaw. The meeting was in charge of the down-town group, with Mrs. Renwick in the chair. Miss G. M. Hall, a provincial public health supervisor, gave an interesting talk on Public Health in Rural Areas. Miss Isabel Fargey, retiring treasurer of the Association, was presented with a copy of Canadian Poems. The November meeting was held in the nurses' home, Brandon General Hospital. Miss C. Macleod, president of the General Hospital group, was in charge of the meeting. The guest speaker was Dr. Jessie Finley, of Vellore, India, who delighted the group with an illustrated talk on hospital work in India. There was a large attendance of members at these meetings. The Association was hostess to the wives of the doctors who attended the annual meeting of the Manitoba Medical Association. Following a motor drive with a visit to the Sykes Gardens, tea was served at the General Hospital. Miss Alberta Hicks, formerly surgical supervisor at the Brandon Mental Hospital, has been appointed superintendent of nurses at the Hospital for Mental Diseases, Essondale, B.C.

WINNIPEG GENERAL HOSPITAL: Miss Clara J. Forbes (1929), is now engaged in public health nursing in the Township of East Whitby, Oshawa, Ontario. Miss Forbes was a member of the class 1931 in Public Health Nursing, University of Western Ontario, London.

NEW BRUNSWICK

HOTEL DIEU, CHATHAM: On October 7th the Hotel Dieu was visited by His Excellency Earl Bessborough, Governor-General of Canada. His Excellency was accompanied by His Worship the Mayor of Chatham and a number of representative citizens. Received at the entrance by members of the medical and nursing staffs, Earl Bessborough, at his request, had presented to him the Sisters in attendance. Accompanied by Rev. Mother Superior and the Sister Superintendent, His Excellency visited the wards, where he greeted each patient in turn. Later Earl Bessborough and party visited the recently built school. His interest in the nursing staff was evinced towards the teachers, who all enjoyed the privilege of a warm and courteous handshake from the Governor-General. All those connected with the hospital deeply appreciate His Excellency's remarks of commendation on the home-like atmosphere pervading the hospital.

SAINT JOHN: A very interesting address by Dr. R. A. Hughes on Eye, Ear, Nose and Throat Nursing was heard with much interest by a large number of members at a meeting of the Saint John Chapter of the New Brunswick Association of Registered Nurses held in the Health Centre. Miss E. J. Mitchell, President, was in the chair. Miss Christina McAfee (1931) has joined the staff of the Saint John General Hospital.

ONTARIO

APPOINTMENTS

Miss Sylvia Hallman (Toronto General Hospital), formerly Instructor of Nurses, Evangelical Deaconess Hospital, Chicago, recently accepted a similar position at the Kitchener and Waterloo Hospital.

Miss Mary Stuart, formerly of New Westminster, B.C., has been appointed Superintendent of Nurses at the Queen Victoria Memorial Hospital, North Bay's Civic Hospital, succeeding Miss E. Brewer. Miss Collins has succeeded Miss Mary Ackland as second assistant Superintendent of Nurses at the Hospital for Sick Children, Toronto. Miss Anne Hardisty, Brantford General Hospital (1923), has been appointed industrial nurse at the Barber-Ellis Company, Brantford, succeeding Miss Florence Keffer.

DISTRICT 1

The regular meeting of District No. 1 Registered Nurses Association of Ontario was held in Chatham on September 5th, with Miss Nellie Gerrard, Windsor, presiding. The question of unemployment among the registered nurses featured the main discussion. After lengthy deliberation the Association could not foresee any means whereby the general condition could be helped and left the question for each community to work out for itself. Rev. A. C. Calder gave the Invocation. Dr. J. W. Rutherford, M.P., brought greetings from the Chatham Medical Association and took the opportunity to express a view that too many nurses are being trained at this time. He stated that in justice to young women, they should be discouraged to enter the profession for the next four or five years. Mr. A. L. Thompson, City Manager, brought the civic greetings to the nurses. Mr. H. S. Thomas gave a very interesting address upon the Service Clubs. He pointed out that they held a very necessary position in the social web of today with the fellowship which was possible to the business and professional men of the community, and the chance they gave to assist the needy and handicapped to find their proper place in life. Mr. H. J. Smith gave an interesting address on Nature Study. The greatest mystery of Nature is life. The greatest blessing is

health. Animated bodies are those in tune with Nature. Inanimated bodies are those out of tune. It is the intention of all animated life to preserve itself to live on and on. It is one's duty to assist human life to remain in tune to live. Following the addresses and discussions the Association was entertained by the Alumnae Associations of St. Joseph's Hospital and Public General Hospital.

CHATHAM: The regular monthly meeting for October of the Alumnae Association of the Public General Hospital was held in the board room of the hospital with forty-seven members present. The main item of business discussed was the lowering of graduate nurses' fees for private duty. Later, on October 12th, a joint meeting of the Alumnae Associations of St. Joseph's Hospital and Public General Hospital was held in the Nurses' Residence, Public General Hospital, when a reduction of fees of one dollar was agreed upon, making charges of $4.00 for twelve-hour duty and $5.00 for eighteen-hour general duty.

DISTRICT 2

The annual meeting of Districts 2 and 3, Registered Nurses Association of Ontario, was held on October 7th in the Nurses Residence of the Stratford General Hospital. There was a representative group of nurses present from the different centres, showing the steady increase of interest in the Association. Miss Marjory Buck, of Simcoe, called the meeting to order at 2.30. The programme included an illustrated address by Dr. H. W. K. Creham, of Stratford, on his recent trip through England and France, which was greatly enjoyed. A very interesting address by Miss Ethel Cryderman outlined the work being carried on through the Institutes of Maternal Welfare. Reports of standing committees and the two special committees were then presented, all showing steady progress. Miss S. M. Jamieson, of Galt, convener of a special committee to interest high school girls in the best type of preliminary education to obtain prior to entering schools of nursing, reported several high schools having been visited and in most cases a great deal of interest manifested, both by teachers and pupils. Miss Hilda Muir, of Brantford, convener of the committee to raise funds for the Permanent Education Fund, District 2, reported $140.00 having been collected, $60.00 only of which belonged to the 1931 quota. Miss Muir urged the members who are still in arrears to meet their obligations promptly. Discussion followed the report as to the best way of raising the remainder of the money which has been allotted to the district. The afternoon meeting adjourned at 5.30 for tea, which was served by the graduate nurses in the recreation room of the Nurses Residence. During the tea hour, two of the pupil nurses entertained those present with vocal and instrumental solos. A short evening meeting was called to order at 7 o'clock, and invitations were received and accepted for the next two meetings. The first for the January meeting, from St. Mary's Hospital, Kitchener, and the second from the General and Marine Hospital, Owen Sound, for the June meeting. The result of the voting, which was carried on for the first time by ballot, was then reported by the scrutineers, and the officers for the year 1931-1932 are as follows: Chairman, Miss J. M. Wilson, Brantford General Hospital; Vice-Chairman, Miss S. M. Jamieson, Galt General Hospital; Secretary-Treasurer, Miss Hilda Booth, Norfolk General Hospital, Simcoe. Councillors: Brant County, Miss H. Kerr, 207 Brant Ave., Brantford; Bruce County, Miss Marion Petty, Memorial Hospital, Hanover; Grey County, Miss Elizabeth Webster, 1022 4th Ave. W., Owen Sound; Oxford County, Miss M. E. Cade, Tillsonburg Memorial Hospital; Waterloo County, Miss A. S. Weber, 71 Fairview Ave., Kitchener; Wellington County, Miss C. Zeigler, General Hospital, Guelph. Section Representatives: Nursing Education, Miss M. Bliss, Guelph General Hospital; Private Duty, Miss M. Davison, 146 Graham St., Woodstock; Public Health, Mrs. J. Mitchell, 207 Brant Ave., Brantford. Before the meeting adjourned Miss S. M. Jamieson, of Galt, expressed the appreciation of the nurses present to Miss Zeta Hamilton and the graduate nurses of Stratford for their very kind hospitality. The following centres were represented: Guelph, Kitchener, Stratford, Simcoe, Wingham, Galt, Brantford, Woodstock, Tillsonburg, Ingersoll, Owen Sound, Paris, Ayr. This covers at least seven out of ten counties with an attendance of sixty-five at the meeting.

BRANTFORD: Several showers have been given recently in honour of Miss Annabelle Hough, bride-elect, Brantford General Hospital, 1922: Miscellaneous shower, Mrs. D. A. Morrison and Miss Ida Martin; Cup and Saucer shower, Miss Wynn Barker; Haviland China shower, Miss Lucille O'Brien and Miss Gertrude Whittaker. Honouring Miss Florence Keffer, Mrs. S. K. Culver, Waterford, was hostess at a shower when the bride-elect was presented with a silver tea service from the members of her graduating class. The girls of the Barber-Ellis Company held a kitchen shower in honour of Miss F. Keffer, who has been industrial nurse for that company.

GENERAL HOSPITAL, GUELPH: The regular meeting of the Alumnae Association was held at the Nurses Residence, October 6, 1931. Dr. Schofield of the Ontario Veterinary College, addressed the meeting with a very interesting talk on the Immunization of Tuberculosis. A number of the Guelph General Alumnae motored to Stratford to attend the meeting of District No. 2, which was held in the Nurses Residence of Stratford General Hospital. The quick-fire discussion which was led by Miss Cryderman was most eagerly participated in.

ST. JOSEPH'S HOSPITAL, GUELPH: A bridge and euchre was held October 4, 1931, in the hall of the Church of Our Lady by the Nurses Alumnae, with a good attendance.

SIMCOE: Resigning from the staff of the Norfolk General Hospital Miss Vera Edwards, graduate of Ontario Hospital, Whitby, expects to be married early in December. A Hallowe'en party was given in her honour, at which the staff presented her with a chesterfield end table and a lamp.

KITCHENER: On November 2nd, the Kitchener and Waterloo Graduate Nurses Association held its annual election of officers as follows: President, Miss K. W. Scott; First Vice-President, Mrs. Wm. Noll; Second Vice-President, Miss K. Grant; Secretary, Miss A. E. Bingeman; Treasurer, Mrs. Wm. Knell; Representative, "Canadian Nurse," Miss E. Hartleib.

The regular monthly meetings of the Kitchener and Waterloo Alumnae Association are being held at the homes of members. The October meeting was held at the home of Miss Thelma Setler, and the November meeting at the home of Mrs. Wm. Noll. After discussion of business, pleasant social evenings were spent and refreshments served.

The Kitchener and Waterloo Alumnae Association held a successful bridge of twenty tables in the Nurses Residence of the Kitchener and Waterloo Hospital on November 3rd. The proceeds went towards Alumnae Christmas work, which includes donations to the Community Christmas Tree fund, Orphanage, and the Kitchener and Waterloo Hospital.

DISTRICT 4

GENERAL HOSPITAL, HAMILTON: The rummage sale, which has become an annual event was held October 29, 1931. The sum of forty-five dollars was realised from the sale. The money is to be used for Christmas cheer among the nurses of the Alumnae who are ill. The Alumnae held a bridge at Robert's Restaurant on October 19, 1931. Socially and financially the event was a great success. Over fifty dollars was raised for the "Nurses Mutual Benefit Association."

DISTRICT 5

GRACE HOSPITAL, TORONTO: Miss Louisa Scott (1929), after completing a course of one year at the United Church Training School, Toronto, left in September to engage in missionary work in India. Miss Ethel M. Young (1930), who had been on the staff of Grace Hospital as assistant supervisor in the Obstetric Department, is taking the course in Teaching and Administration, Department of Nursing, University of Toronto. Mrs. Florence M. Pike (1931), is taking the course of Public Health Nursing at the School for Graduate Nurses, McGill University, Montreal.

GENERAL HOSPITAL, TORONTO: At the regular monthly meeting of the Alumnae, held on October 21st, the President, Miss Elvira Manning, on behalf of the Association, presented a picture to Miss Jean Gunn, her staff and undergraduates. This gift was made in assisting to express the appreciation of the Alumnae for the help received for the Fiftieth Anniversary Celebration.

An interesting talk on the Arctic was given by Mr. Laurn Harris, and Miss Gunn reported the meeting of representatives of various hospitals on the unemployment situation. On October 31st a successful benefit bridge in aid of the unemployment fund was held at the Royal York Hotel.

DISTRICT 9

NORTH BAY: Early in October the new St. Joseph's Hospital in North Bay was opened officially by the Hon. J. M. Robb, Minister of Health for Ontario. The hospital is equipped with two operating rooms and has a capacity of approximately ninety beds, and is furnished throughout with a colour scheme of brown and tan. The building was planned and erected under the guidance of Bishop Scollard, and is under the direction of the Sisters of St. Joseph. The hospital is splendidly situated on the brow of the hill, overlooking the city of North Bay.

QUEBEC

MONTREAL: The regular meeting of the Montreal Industrial Nurses' Association was held on October 5, 1931, at the home of Miss Galarneau, 2195 Souvenir Avenue, Montreal. This was the first meeting after the summer vacation. The Association will now meet every month.

Members of the Nursing Service of the Metropolitan Life Insurance, Montreal, were honoured by a visit from the Third Vice-President, Mr. North, who addressed the group on "Insurance as a means of putting away for the proverbial rainy day, and the necessity of a budget—personal, business and national."

The speaker was introduced by Miss Gauthier. Mr. Lavoie, District Manager, translated the address into French. The appreciation of the nurses present was expressed to Mr. North in French by Miss Adeste Martin of the McGill Office and in English by Mrs. Ramsay of the Mount Royal Office. Miss Alice Ahern, Superintendent of Nursing for Canada, M.L.I., spoke briefly. Among visitors present were Miss Margaret Moag, Superintendent, Montreal Branch, V.O.N., and several members of her staff; also a number of nurses from l'Ecole d'Hygiene Social Appliquée and the City Health Department.

Mrs. Mable Ramsay was presented by Mr. North with the Ten-Year Faithful Service Medal, and her fellow-workers at the Mount Royal office, in expressing congratulations, presented Mrs. Ramsay with a bouquet of flowers.

The third general meeting of the M.L.I. nurses of Montreal and district was held on September 12th in the Windsor Hotel. Mrs. LaMalle, the guest of the evening, impressed her audience by her charming personality and thrilled them by her vivid account of the work of the late Dr. Frankel. She told of his inestimable influence on the improvement of health, not only of the Company policyholders but of the community at large. She said that Dr. Frankel, although

a very learned and clever man, never ceased to study, and used every opportunity to increase his overflowing fund of knowledge. Mrs. LaMalle urged that the nurses imitate this great leader in this respect and honour his memory by upholding the high standards he had set for them.

GENERAL HOSPITAL, MONTREAL: Miss Hilda Little (1923) is in charge of the hospital in Grand Falls, Newfoundland. Miss C. McCarron (1930) is industrial nurse at The Silk Mills, Valleyfield, Que. Miss Louise Stedham (1930), awarded a scholarship by the Shriners' Hospital, Montreal, is attending the School for Graduate Nurses, McGill University. The sympathy of the Association is extended to Miss Webster (Night Superintendent) on the death of her sister, and to Miss Abigail Baker on the death of her father.

C.A.M.N.S.

MONTREAL: The members, Montreal Unit, Overseas Nursing Sisters Association of Canada, were very successful in their attempt this year to assist with the sale of Vetcraft Poppies.

The Sisters, many of whom were in army uniform for the occasion, assisted by members of the Edith Cavell Chapter, I.O.D.E., undertook to sell their Poppies in the city theatres during the evening of November 10th, and the results were so encouraging that all were unanimous in their wishes expressed that the experiment be repeated next year.

Remembrance Day was gloriously bright and warm, and eighteen members of the group were present at the ceremony at the Cenotaph on Dominion Square.

Following the usual custom a re-union dinner was held at 8 p.m. There were sixty-five members present, including five who had served in the Q.A.'s and four French-Canadians. Greetings were received from three absent members, two of whom were on the high seas.

Miss Constance Harrison proposed a very charming toast to Absent Friends, and Miss Charlotte Nixon led in a two-minutes' silence in memory of those who will not return.

"They shall grow not old, as we that are left grow old;
Age shall not weary them, nor the years condemn.
At the going down of the sun and in the morning we will remember them."

The guest of honour, Miss Mabel F. Hersey, was received with marked applause. Miss Hersey told of her recent visit to the Nightingale School at St. Thomas's Hospital, London, and concluded with a request that the much favoured and privileged Overseas Sisters consider seriously the report of findings and recommendations by the Committee on Nursing Survey which will be forthcoming at an early date.

Mr. James Rice and party provided an hour's jolly entertainment, after which the singing of many of the old war-time songs, Auld Lang Syne and the National Anthem brought to a close the jolliest re-union of Overseas Sisters held since 1918.

WINNIPEG: The Overseas Nursing Sisters Club of Winnipeg held their annual reunion on Armistice Day afternoon, when about forty former Nursing Sisters met for a social hour or two in the Marlborough Hotel. Mrs. C. W. Davidson (nee McCombe) received the guests, while Miss Margaret McGilvray, Miss Lillian Gray, Mrs. Ritchie (nee Doyle) and Mrs. Greenwood (nee Jephson) presided at the tea table.

BIRTHS, MARRIAGES AND DEATHS

BIRTHS

ALLEN—On October 25, 1931, at Vancouver, to Mr. and Mrs. John Allen (Bobbie Burns, Vancouver General Hospital), a son.

ANDERSON—On October 17, 1931, at Ottawa, to Mr. and Mrs. Rolland Anderson (Florence Whimbey, Western Hospital, Montreal, 1925), a son.

BAIN—On September 9, 1931, at Vancouver, to Mr. and Mrs. William Bain (Winnifred Crossling, Vancouver General Hospital), a son (stillborn).

BOULTBEE—On October 23, 1931, at Vancouver, to Mr. and Mrs. Ernest Boultbee (Ellen "Tike" Whitehead, Vancouver General Hospital), a daughter.

BRADSHAW—On September 19, 1931, at Montreal, to Mr. and Mrs. F. W. Bradshaw (Marjorie Macfarlane, Montreal General Hospital, Western Division, 1926), a daughter.

CAMPBELL—On August 19, 1931, at New York, N.Y., to Dr. and Mrs. James Campbell (Violet Hay, Kitchener and Waterloo Hospital, 1926), a son (James Jr.).

CRAWFORD—On September 17, 1931, to Mr. and Mrs. William Crawford (Maud Shortt, Hamilton General Hospital, 1925), a son (William Roy).

GRAHAM—On November 1, 1931, at Vancouver, to Dr. and Mrs. Wilfred Graham (Agnes Irvine, Hospital for Sick Children, Toronto), a son.

JAMIESON—On October 19, 1931, at Wingham, Ont., to Dr. and Mrs. W. D. S. Jamieson (Anna Coutts, Hamilton General Hospital, 1926), a son (Duncan Melrose).

JOYCE—On September 13, 1931, at Vancouver, to Mr. and Mrs. Stephen Joyce (Elizabeth Henry, Vancouver General Hospital), a son.

McCANN—On September 14, 1931, at New York City, to Mr. and Mrs. Harry McCann (Jeanne A. Hudson, Grace Hospital, Toronto, 1926), of Rosalle, N.J., a son (David).

PEACOCK—On September 23, 1931, at Walkerton, Ont., to Mr. and Mrs. Thomas Peacock (Edna Pinkney, Guelph General Hospital, 1927), a daughter.

PILKEY—On August 22, 1931, to Mr. and Mrs. A. M. Pilkey, Crookston, Minn., U.S.A. (Ruby Lillian Mounce, Grace Hospital, Toronto, 1921), a son (David Allen).

RUMNEY—On October 23, 1931, at Hamilton, Ont., to Dr. and Mrs. Wilfred J Rumney (Jessie McGregor, Brantford General Hospital, 1929), a daughter (Phyllis Joan).

SHAW—On November 3, 1931, at London, Ont., to Mr. and Mrs. D. Bruce Shaw (Anne Crisp, Vancouver General Hospital), a daughter.

STEVENSON—On November 2, 1931, at Vancouver, to Mr. and Mrs. Robert Stevenson (Viola Sinclair, Vancouver General Hospital), a daughter.

WALKER—On November 5, 1931, at Reading, England, to Mr. and Mrs. B. Walker (Phylis Rising, Vancouver General Hospital), a daughter.

WILDERS—On September 28, 1931, at Vancouver, to Mr. and Mrs. Stuart Wilders (Georgina Peters, Vancouver General Hospital), a daughter.

MARRIAGES

BEATTIE—MURRAY—Marjorie Murray (Jeffrey Hale's Hospital, 1931), to A. W. Beattie, of Quebec, Que.

BUTTEMORE—FORD — Dorothy Ford (Jeffrey Hale's Hospital, 1918), to H. Buttemore, of Quebec, Que.

CAUVET—HOLBROOK — On September 19, 1931, at New York City, Helen R. Holbrook (Brantford General Hospital, 1927), to Howard Bradford Cauvet. Mr. and Mrs. Cauvet have taken up residence in New York City.

CHRISTIE—WALSH — On October 22, 1931, at Vancouver, Mrs. Walsh (Vancouver General Hospital), to C. M. Christie, of Vancouver.

COWAN—DAVIS—On October 16, 1931, at Chatham, Ont., Jennie L. Davis (Chatham Public General Hospital, 1926), to Dr. Harry H. Cowan, of Detroit, Mich.

KENNEDY—MALTBY—Gertrude Maltby (Jeffrey Hale's Hospital, 1931), to L. Kennedy, of Quebec, Que.

LYM—EDNEY — Ruth Edney (Jeffrey Hale's Hospital, 1930), to B. Lym, of Sherbrooke, Que.

MALCOLM—ROADHOUSE — On October 12, 1931, at Brantford, Ont., Audrey Belle Roadhouse (Brantford General Hospital, 1030), to R. H. Malcolm.

McDONALD—TEBBS — On October 27, 1931, at Burlington, Ont., Gladys M. Tebbs (Hamilton General Hospital, 1927), to Murdo Norman McDonald, of Scotland.

McMURRAY—FOX — On September 24, 1931, at Vancouver, Christina Fox (Vancouver General Hospital, 1930), to John McMurray, of Vancouver, B.C.

McPERSON—SLATER — On October 24, 1931, at Buffalo, N.Y., Audrey Slater (Brantford General Hospital, 1925), to Dr. Colin A. McPerson.

PIGOTT—BROWN—On October 30, 1931, at Chatham, Ont., Larvarre Brown (Chatham Public General Hospital, 1930), to John Piggott, of Detroit, Mich.

SCOTT—SUTHERLAND—On October 17, 1931, at Toronto, Ont., Dorothy Catherine Sutherland (Grace Hospital, Toronto, 1930), to Dr. R. F. Scott, of Toronto.

SMITH—GOWANLOCK—On October 18, 1931, Mary Gowanlock (Winnipeg General Hospital, 1928), to Lorrimer C. Smith. At home, Toronto.

STUBBINGS—LILLIE — On October 3, 1931, at Guelph, Ont., Gladys Lillie (Hamilton General Hospital, 1929), to Kenneth Stubbings, of Toronto.

WALKER—McDOUGALL—On September 26, 1931, at Fulton, Ont., Margaret Ann McDougall (Hamilton General Hospital, 1930), to Reginald Walker.

WEST—SCOTT—Eleanor Scott (Jeffrey Hale's Hospital, 1929), to Ivan West, of Quebec, Que.

WHITEHEAD—FLETCHER—On October 19, 1931, at Nassagaweya, Ont., Dorothy Fletcher (Guelph General Hospital, 1930), to G. Whitehead, of Windsor, Ont.

WILKIN—MOORE—Lyla Moore (Jeffrey Hale's Hospital, 1930), to Mr. Wilkin, of Montreal, Que.

DEATHS

AGAR—On October 9, 1931, at Chatham, Ont., Mrs. (Dr.) J. S. Agar (Berta Kennedy, Chatham Public General Hospital, 1901), following a brief illness.

HORNER—In July, 1931, at Detroit, Mich., Violet Horner (Jeffrey Hale's Hospital, 1920).

TORONTO GENERAL HOSPITAL

A new Year Book is being compiled and the committee are anxious to include the names and addresses of all the graduates. Would any nurse who did not attend the Jubilee Celebration or any nurse who has since changed her address, please forward as soon as possible her name (if married, maiden name as well), year of graduation, and address, to Miss M. Dulmage, Toronto General Hospital.

Final date for News Notes being received and assured publication is the twelfth of each month.—Editor.

INDEX

Vol. XXVII. Year 1931

January	Pages 1- 56	May	Pages 225-280	September	Pages 449-504
February	" 57-112	June	" 281-336	October	" 505-560
March	" 113-168	July	" 337-392	November	" 561-616
April	" 169-224	August	" 393-448	December	" 617-674

ANNUAL MEETINGS:
- American Public Health Association Convention, The - 593
- British Columbia Graduate Nurses Association - 261
- Canada, Host to American Hospital Association - 582
- Canadian Public Health Association - 427
- Manitoba Registered Nurses Association - 148
- Maritime Conference Catholic Hospital Association - 598
- New Brunswick Registered Nurses Association - 597
- Ontario Registered Nurses Association - 263
- Saskatchewan Registered Nurses Association - 320
- Victorian Order of Nurses - 378

BOOKS, LIST OF, RE FLORENCE NIGHTINGALE - 266

BOOK REVIEWS - 371, 428, 543, 648

DIETOTHERAPY:
- Artificial Feeding in Infancy, A Simple Method of - Dr. H. P. Wright and Dr. A. K. Geddes 187
- Diabetic Patient, Care of the - Dr. F. W. W. Hipwell 25
- Four F's, The - Ethel C. Pipes 468
- Tomato Juice as a Source of Vitamines - 523
- Use of Banana as a Food for Young Children - Dr. Scriver and Dr. Ross 352

EDITORIALS:
- American Hospital Convention in Toronto - G.H.A. 346
- Another Step Forward - E.K.R. 235
- Biennial Meeting, 1932 - J.S.W. 458
- Birthday Best Wishes - J.S.W. 519
- British Empire Red Cross Day - J.E.B. 235
- Do We Understand? - K.W.E. 345
- Health Unit and Public Health Nurse - K.R. 567
- International Council of Nurses - J.S.W. 459
- "Lancet" Commission on Nursing - E.K.R. 518
- National Hospital Day - E.M.McK. 234
- National Organisation, The - J.S.W. 458
- Our Responsibility in Maternal Care - R.E.H. 517
- Peace - J.E.B. 8
- Positive Health - J.S.W. 568
- Scientific Spirit, A - F.H.M.E. 567
- Universities - E.K.R. 236

EDUCATIONAL:
- Centralized Lecture Committee of Toronto forms Instructors' Section - 85
- Impressions of a Refresher Course, Manitoba - 524
- Maternal Care, An Institute on - Alice Thomson 257
- Refresher Course, University of Toronto - 84
- Scholarships Awarded - 308, 364, 483

HISTORICAL:
- Department of Health and Public Welfare in Manitoba, Recent Developments in the 360
- Evolution of Nursing in the Last Forty Years - Nettie B. Little 461
- First District Nursing in Saint John - Agnes D. Carson 313
- Florence Nightingale, The Achievements of - Helen M. Bradshaw 232
- Florence Nightingale Association Holds Farewell Dinner - Rubena Duff 133
- Florence Nightingale Association of Toronto, The - Jean I. Gunn 195
- Florence Nightingale, Intimate Sketch of Life of - Margaret Rhynas 229
- History of Nursing Society of Montreal, The - Ethel M. Hillyard 249
- Microbe Hunters - Dr. Gibson 410
- Thermometer and Its Use, History of the - Dr. Heber Jamieson 15
- Toronto General Hospital—Fiftieth Anniversary - 397

HOSPITALS:
- Hospital Administration - Sister Mary 13
- International Hospital Association - 521
- Stretching the Hospital Dollar - Gertrude F. Johnson 522

ILLUSTRATIONS:
Avery, Mrs. Herbert - - - - - - - - - - - - - - - - 136
Chart of Organisation of the Canadian Nurses Association - - - - - - 31
Crest, Canadian Nurses Association - - - - - - - - - - - - 520
Dobie, Miss Marjory - - - - - - - - - - - - - - - 521
Labrador Scenes - - - - - - - - - - - - - - - - 65
Materia Medica Drug Cupboard, Montreal General Hospital - - - - - 308
Mothercraft Centre, Toronto - - - - - - - - - - - - - 19
Nightingale, Florence—Letter - - - - - - - - - - - - - 513
Nurses in Uniform of 1881 - - - - - - - - - - - - - 401
Nursing Staff, Toronto General Hospital, 1877 - - - - - - - - 404
Red Cross Nursing Class, Toronto - - - - - - - - - - - - 260
Rural Nursing - - - - - - - - - - - - - - - -622, 623
Snively, Mary Agnes - - - - - - - - - - - - - - 397
Subcutaneous Apparatus - - - - - - - - - - - - - 631
Toronto General Hospital, 1892 - - - - - - - - - - - - 406
Ukrainian Home, A - - - - - - - - - - - - - - 144
York Hospital, The, 1819 - - - - - - - - - - - - - 399

MANNERHEIM, BARONESS SOPHIE - - - - - - - - Berta Edelfelt 10

MENTAL HYGIENE:
Heredity and Environment - - - - - - - Mrs. W. T. B. Mitchell 285
Mental Hygiene - - - - - - - - - Mrs. W. T. B. Mitchell 120
Mental Hygiene for Nurses - - - - - - - - Dr. Harvey Clare 70
Mental Hygiene in Public Health Nursing - - - - Emma deV. Clarke 451
Mental Patient, Nursing the - - - - - - Esther M. Northmore 72
Mentally Unstable, Protecting the - - - - - - Dr. F. H. C. Baugh 466

MISCELLANEOUS:
Artificial Feeding in Infancy, A Simple
Method of - - - - - - Dr. H. P. Wright and Dr. A. K. Geddes 187
Breath of Life - - - - - - - - - - - H. J. Fells 190
Caesarian Section - - - - - - - - - Dr. John MacPherson 129
Call for Readjustment, A - - - - - - - - E. Muriel McKee 463
Canadian Nurses Association Membership Chart - - - - - - - - 484
Cancer Control in Canada - - - - - - - - - - - - - 418
Cancer Problem, The - - - - - - - - - Dr. F. B. Mowbray 295, 355
Child Mortality, League of Nations Studies - - - - - - - - - 592
Child Welfare in Finland, General Mannerheim's League of - Dr. Eric Mandelin 348
Cod Liver Oil, Sunshine and Viosterol - - - - - - Dr. Harold Little 365
Common Ground - - - - - - - - - - - Ethel I. Johns 177
Commonplace Miracles - - - - - - - - - - A. C. Grant 414
Constipation, The Relief of - - - - - - - - Dr. A. S. Munro 81
Constructive Criticism - - - - - - - - - - - - - 314
Crest of the Canadian Nurses Association, The - - - - - - - - - 520
Department of Health and Public Welfare in Manitoba, Recent Developments in 360
Dermatology, Progress in - - - - - - - - - Dr. J. F. Burgess 293
Diabetes, Juvenile - - - - - - - - Dr. I. M. Rabinowitch 124
Diabetic Patient, Care of the - - - - - - - Dr. F. W. W. Hipwell 25
Empyema, Treatment of - - - - - - - - - Dr. J. A. Campbell 590
Evolution of the Feeding Bottle - - - - - - - - - - - - 628
Evolution of Nursing in the Last Forty Years - - - - Nettie B. Little 461
Experiment in Modern Education - - - - - - - - Jean Steele 625
Final Armistice, The - - - - - - - - - Frank B. Cowgill 589
Fiftieth Anniversary, Toronto General Hospital - - - - - - - - - 397
Florence Nightingale, Intimate Sketch of Life of - - - Margaret Rhynas 229
Florence Nightingale, The Achievements of - - - - Helen M. Bradshaw 232
Florence Nightingale Modernised - - - - - - - - - Leslie Bell 622
Forgotten Nurse, The - - - - - - - - - - Jean E. Browne 619
Four F's, The - - - - - - - - - - - - Ethel C. Pipes 468
Gynaecological Nursing, A Few Points in Pre- and Post-Operative - Dr. J. J. Mason 536
Health and Recreation - - - - - - - - - - Winona Woods 539
Heredity and Environment - - - - - - - - Mrs. W. T. B. Mitchell 285
History of Nursing Society of Montreal, The - - - - - Ethel M. Hillyard 249
History of Nursing as a Force in Nursing Education, and
How to Teach It - - - - - - - - - Dr. Maude E. Abbott 509
History Teaching, Standpoint in - - - - - - - - Professor F. Clarke 471
Hospital Administration - - - - - - - - - - Sister Mary 13
Hospital Sweepstakes Bill - - - - - - - - - - - - - 491
Hospitals and Libraries - - - - - - - - - - Helen G. Stewart 182
Immigration Medical Service - - - - - - - - Dr. Grant Fleming 302
Impetigo Contagiosa - - - - - - - - - Dr. G. V. Bedford 474

International Hospital Association - - - - - - - - - - - - 520
Lazaretto, The, Bentinck Island, B.C. - - - - - - Winnie L. Chute 583
Leper Colony in Natal, A - - - - - - - - - Elinor N. Wade 21
Libraries and Hospitals - - - - - - - - - Helen G. Stewart 182
Life in Canadian Labrador - - - - - - - - - Isobel Fleming 63
Life Insurance, The Graduate Nurses' Need of - - - Elizabeth F. Robb 4
Malnourished Child, The - - - - - - - - - Dr. H. Medovy 117
Mastoidectomy, Post-Operative Treatment of - - - - Dr. Dumont 173
Margaret Scott Mission, A Day with the - - - - - Olive Thomas 300
Medical Care, Suggestive Elements in - - - - - Dr. R. G. Armour 481
Mental Hygiene - - - - - - - - - Mrs. W. T. B. Mitchell 120
Mental Hygiene for Nurses - - - - - - - - Dr. Harvey Clare 70
Mental Hygiene in Public Health Nursing - - - - Emma deV. Clarke 451
Mentally Unstable, Protecting the - - - - - Dr. F. H. C. Baugh 466
Mental Patient, Nursing the - - - - - - - Esther M. Northmore 72
Microbe Hunters - - - - - - - - - - Dr. Gibson 410
Miracles, Commonplace - - - - - - - - - A. C. Grant 414
My Ideal Nurse - - - - - - - - - - - - A.T. 197
New Baby at the Frontiers, A - - - - - - Margaret J. Mustard 362
Nursing in England, A Study of - - - - - - E. Kathleen Russell 7
Nursing Society of Montreal, The History of - - - - Ethel M. Hillyard 249
Occupational Therapy - - - - - - - - - Rita S. Gilley 350
Operating-Room Technique, Efficiency in - - - - - Sister Mary 306
Osler Library, Impressions of a Visit to - - - - - Catherine de Hueck 630
Parent Training - - - - - - - - - - Dr. R. R. Struthers 573
Parliamentary Procedure - - - - - - - - Alison Ewart 193, 237
Permanent Education Fund, Ontario - - - - - - - - - - - - 460
Preventive Medicine, Recent Steps in - - - - - Dr. F. W. Jackson 59
Psychology and Nursing - - - - - - - - - - - - - 253
Psychology in Medicine and its Application to Nursing - - Dr. Joseph Tanzman 250
Readjustment, A Call for - - - - - - - - E. Muriel McKee 463
Records: Their Value in Public Health Nursing - - - N. Emily Mohr 88
Recreation and Health - - - - - - - - - Winona Woods 539
Registration for Nurses, The Significance of - - - - E. Frances Upton 139
Rest and Recreation - - - - - - - - - Madalene Baker 538
Scarlet Fever Antitoxin - - - - - - - - - Dr. Ellen Taylor 192
Schools of Nursing, Health Teaching in - - - - - - Edith Amas 563
Social History, The Value of, to the Psychiatrist - - - Isabel J. Dalzell 528
Sodium Amytal to Surgery, The Contribution of - - Dr. Lyon H. Appleby 309
Stretching the Hospital Dollar - - - - - - - Gertrude A. Johnson 522
State Health Insurance - - - - - - - - - Dr. E. S. Moorhead 74
Subcutaneous Apparatus - - - - - - - - - Alice Laporte 631
Suggestive Elements in Medical Care - - - - - - Dr. R. G. Armour 481
Syphilis, Some Newer Ideas About - - - - - - - Dr. G. S. Fenton 569, 632
Thermometer and Its Use, The History of - - - - - Dr. Heber Jamieeon 15
Three Objectives - - - - - - - - - - - F. H. M. Emory 3
Toast to "Our Doctors" - - - - - - - - - - Jennie Webster 347
Tomato Juice as a Source of Vitamines - - - - - - - - - - - - 523
Toronto General Hospital, Fiftieth Anniversary - - - - - - - - - - 397
Torticollis—Pre- and Post-Operative Care - - - - - Jean S. Bancroft 181
Tuberculosis Among Nurses, Increase of - - - - - - Ann M. Forrest 578
Typhus Fever - - - - - - - - - - - - Janet L. Brydon 17
Universities, A Review - - - - - - - - - - Donald Fraser 248
Use of Banana as a Food for Young Children - - - Drs. Boyd and Ross 352
Vacation in Quebec, A - - - - - - - - - - Blanche Hume 244
Varicose Veins, The Injection Treatment of - - - - - Dr. H. M. Elder 341
Watcher, The - - - - - - - - - - - - Mary Widdemer 259
Where Are We Drifting - - - - - - - - Catherine de N. Fraser 422

NURSING EDUCATION, DEPARTMENT OF:

Evaluation of Examinations, The - - - - - - Dorothy M. Anderson 420
Habit of Study, How May it be Encouraged in the Student - Eugenie M. Stuart 137
History of Nursing as a Force in Nursing Education and How to Teach It, The - - - - - - - - - - - Dr. Maude E. Abbott 509
History-Teaching, The Standpoint in - - - - - - Professor F. Clarke 471
High School Records and Intelligence Tests in Selecting Student Nurses, Value of - - - - - - - - - Sister John Gabriel 529
Nursing in England, A Study of - - - - - - - - - - - - - 7
Old and New in Nursing - - - - - - - - - Frances E. Welsh 23
Paediatrics, Case Study in - - - - - - - - Marion L. Robinson 198
Permanent Education Fund, Ontario - - - - - - - - - - - - 460

Psychology and Nursing - - - - - - - - - - - - - - 253
Psychology in Medicine and Its Application to Nursing - Dr. Joseph Tanzman 250
Public Health Nursing, How it Can be Taught in a Hospital - Kathleen Panton 83
School Differences - - - - - - - - - - - - Marion Myers 304
Suggested Standard Curriculum for Use in Schools of Nursing in Canada - - - - - - - - - - 254, 476, 531, 586, 637
Teaching of Student Nurse, Correlation in - - - - Sister M. A. Chauvin 22
Vexatious Question, A - - - - - - - - - - Helen M. King 363

OBITUARY:
Nursing Sister Peggy Doherty - - - - - - - - - - - - 136
Nursing Sister Agnes Huston - - - - - - - - - - - - 585
Sister Monica - - - - - - - - - - - - - - 135
Sister M. Xavier - - - - - - - - - - - - - - 303

PRIVATE DUTY, DEPARTMENT OF:
Child Mortality, The League of Nations Studies - - - - - - - - 592
Cod Liver Oil, Sunshine and Viosterol - - - - - Dr. Harold Little 365
Contribution of Sodium Amytal to Surgery, The - - - Dr. Lyon H. Appleby 309
Diabetic Patient, Care of the - - - - - - Dr. F. W. W. Hipwell 25
Empyema, Treatment of - - - - - - - - Dr. J. A. Campbell 590
Gynaecological Nursing, A Few Points in Pre- and Post-Operative Dr. J. J. Mason 536
Intangible Things in the Kit Bag of a Private Duty Nurse - - - - - - - - E. G. Dwane and H. Hetherington 255
Medical Care, Suggestive Elements in - - - - - - Dr. R. G. Armour 481
Night Nurse's Sleep, The - - - - - - - - Margaret Cecilton 202
Private Duty Nurse's Diary, From a - - - - - - - - Jean Trivett 86
Private Duty Nursing Experience as an Asset in Public Health Nursing - - - - - - - - - - - - Mary Mathewson 200
Private Duty Nursing under Present Conditions - - - Mabel McMullen 642
Registration for Nurses, The Significance of - - - - E. Frances Upton 139
Rest and Recreation - - - - - - - - - Madalene Baker 538
Sodium Amytal to Surgery, The Contribution of - - Dr. Lyon H. Appleby 309
Suggestive Elements in Medical Care - - - - - Dr. R. G. Armour 481
Where are We Drifting - - - - - - - - Catherine de N. Fraser 422

PUBLIC HEALTH, DEPARTMENT OF:
American Public Health Association Convention, The - - Margaret L. Moag 593
Child Welfare in Finland, General Mannerheim's League of - Dr. Eric Mandelin 348
Child Welfare Clinic in Meeting Problem of Infant Deaths - Esther M. Beith 644
County Units in Quebec, Public Health Work in - - - Anysie M. Deland 311
Department of Health and Public Welfare in Manitoba, Recent Developments in the - - - - - - - - - - - - - - - 360
First District Nursing in Saint John - - - - - Agnes D. Carson 313
Health and Recreation - - - - - - - - - Winona Woods 539
Health Nursing in Nova Scotia Normal College - - - Hilda MacDonald 367
Maternal Care Institute - - - - - - - - - - - - 366
Maternal Care, An Institute on - - - - - - Alice Thomson 257
Mental Hygiene in Public Health Nursing - - - - Emma deV. Clarke 451
Mothercraft Centre Established in Toronto - - - - - - - - - 18
Post-Graduate Course for Public Health Nurses, The Advantages of - - - - - - - - - Margaret Duffield 426
Public Health Councillor, The Duties of - - - - Dorothy M. Percy 369
Public Health Nurse Apostrophizes Her Hat, The - - - Harriet S. Wilson 260
Public Health Nurse's Friend, The—A Clean Newspaper - Margaret E. Kerr 34
Public Health Work in County Units in Quebec - - - Anysie M. Deland 311
Records—Their Value in Public Health Nursing - - - N. Emily Mohr 88
Recreation and Health - - - - - - - - - Winona Woods 539
Rural Fields - - - - - - - - - - Eileen W. Hamilton 144
Sunlight at School - - - - - - - - - Dr. Robert Forgan 87
Then and Now - - - - - - - - - - Martha A. Twiddy 203
Trends in School Health Supervision - - - - - Barbara A. Ross 32

SCHOOLS OF NURSING:
Nurses Home, St. Joseph's Hospital, Victoria, B.C. - - - Edith Franks 85
New Nurses Home in Saskatoon - - - - - - - - - - - 197
St. Paul School of Nursing, Vancouver, B.C., The New - - - - - - - 544

NEWS NOTES - - - - - 36, 94, 147, 204, 261, 315, 372, 429, 485, 545, 599, 649
OFFICIAL DIRECTORY - - - 42, 99, 154, 209, 267, 323, 380, 436, 492, 548, 605, 659

Official Directory

INTERNATIONAL COUNCIL OF NURSES

Secretary.. Miss Christiane Reimann, Headquarters: 14 Quai des Eaux-Vives, Geneva, Switzerland.

EXECUTIVE COMMITTEE, CANADIAN NURSES ASSOCIATION

Officers

Honorary President.....Miss M. A. Snively, General Hospital, Toronto, Ont.
President.....Miss F. H. M. Emory, University of Toronto, Toronto, Ont
First Vice-President.....Miss K. W. Ellis, Winnipeg General Hospital, Winnipeg.
Second Vice-President.....Miss G. M. Bennett, Ottawa Civic Hospital, Ottawa, Ont.
Honorary Secretary.....Miss Nora Moore, City Hall, Room 309, Toronto, Ont.
Honorary Treasurer.....Miss R. M. Simpson, Parliament Bldgs., Regina, Sask.

COUNCILLORS

Alberta: 1 Miss Eleanor McPhedran, Central Alberta Sanatorium, Calgary; 2 Miss Edna Auger, General Hospital, Medicine Hat; 3 Miss B. A. Emerson, 604 Civic Block, Edmonton; 4 Miss Mildred Harvey, Box 132, Lethbridge.

British Columbia: 1 Miss M. P. Campbell, 118 Vancouver Block, Vancouver; 2 Miss M. F. Gray, Dept. of Nursing, University of British Columbia, Vancouver; 3 Miss M. Kerr, 3435 Victory Ave., New Westminster; 4 Miss E. Franks, 1541 Gladstone Ave., Victoria, B.C.

Manitoba: 1 Mrs. J. F. Morrison, 184 Brock St., Winnipeg; 2 Miss Mildred Reid, 10 Elenora Apts., Winnipeg; 3 Miss Isabel McDiarmid, 363 Langside St., Winnipeg; 4 Mrs. S. Doyle, 175 Royal Ave., West Kildonan.

New Brunswick: 1 Miss A. J. MacMaster, Moncton Hospital, Moncton; 2 Sister Corinne Kerr, Hotel Dieu Hospital, Campbellton; 3 Miss H. S. Dykeman, Health Centre, Saint John; 4 Miss Mabel McMullin, St. Stephen.

Nova Scotia: 1. Miss Margaret E. MacKenzie, 315 Barrington St., Halifax; 2 Miss Elizabeth O. R. Browne, Red Cross Office, 612 Dennis Bldg., Halifax; 3 Miss A. Edith Fenton, Dalhousie Health Clinic, Morris St., Halifax; 4 Miss Jean S. Trivett, 71 Cobourg Road, Halifax.

Ontario: 1 Miss Mary Millman, 126 Pape Ave., Toronto; 2 Miss Constance Brewster, General Hospital, Hamilton; 3 Miss Clara Vale, 75 Huntley St., Toronto; 4 Miss Clara Brown, 23 Kendal Ave., Toronto.

Prince Edward Island: 1 Miss Lillian Pidgeon, Prince Co. Hospital, Summerside, P.E.I.; 2 Miss Anna Mair, Prince Edward Island Hospital, Charlottetown; 3 Miss Mona Wilson, Red Cross Headquarters, 59 Grafton St., Charlottetown; 4 Miss Mary Lowther, 179 Grafton St., Charlottetown.

Quebec: 1 Miss M. K. Holt, Montreal General Hospital, Montreal; 2 Miss Flora A. George, The Woman's General Hospital, Westmount; 3 Miss Marion Nash, 1246 Bishop Street, Montreal; 4 Miss Sara Matheson, Haddon Hall Apts., 2151 Comte Street, Montreal.

Saskatchewan: 1 Miss Elizabeth Smith, Normal School, Moose Jaw; 2 Miss G. M. Watson, City Hospital, Saskatoon; 3 Mrs. E. M. Feeny, Dept. of Public Health, Parliament Buildings, Regina; 4 Miss L. B. Wilson, 2012 Athol St., Regina.

ADDITIONAL MEMBERS TO EXECUTIVE
(Chairmen National Sections)

Nursing Education: Miss G. M. Fairley, Vancouver General Hospital, Vancouver, B.C.; **Public Health:** Miss M. Moag, 1246 Bishop St., Montreal, P.Q.; **Private Duty:** Miss Isabel MacIntosh, 353 Bay St. South, Hamilton, Ont.

Executive Secretary.....Miss Jean S. Wilson.

National Office, 511, Boyd Building, Winnipeg, Man.

1—President Provincial Association of Nurses.
2—Chairman Nursing Education Section.
3—Chairman Public Health Section.
4—Chairman Private Duty Section

NURSING EDUCATION SECTION

Chairman: Miss G. M. Fairley, Vancouver General Hospital, Vancouver; **Vice-Chairman:** Miss M. F. Gray, University of British Columbia, Vancouver; **Secretary:** Miss E. F Upton, Suite 221, 1396 St. Catherine St. West, Montreal; **Treasurer:** Miss M. Murdoch, General Public Hospital, St. John, N.B.

Councillors.—Alberta: Miss Edna Auger, General Hospital, Medicine Hat. **British Columbia:** Miss M. F. Gray, University of British Columbia, Vancouver. **Manitoba:** Miss Mildred Reid, 10 Elenora Apts., Winnipeg. **New Brunswick:** Sister Corinne Kerr, Hotel Dieu, Campbellton. **Nova Scotia:** Miss Elizabeth O. R. Browne, Red Cross Office, 612 Dennis Bldg., Halifax' **Ontario:** Miss Constance Brewster, General Hospital, Hamilton. **Prince Edward Island:** Miss Anna Mair, Prince Edward Island Hospital, Charlottetown. **Quebec:** Miss Flora A. George, Woman's General Hospital, Westmount, P.Q. **Saskatchewan:** Miss G. M. Watson, City Hospital, Saskatoon.

Convener of Publications: Miss Mildred Reid, 10 Elenora Apts., Winnipeg, Man.

PRIVATE DUTY SECTION

Chairman: Miss Isabel MacIntosh, 353 Bay St. S. Hamilton, Ont.; **Vice-Chairman:** Miss Moya MacDonald, 111 South Park St., Halifax, N.S.; **Secretary-Treasurer:** Miss Mabel St. John, 386A Huron Street, Toronto, Ont.

Councillors.—Alberta: Miss Mildred Harvey, Box 132, Lethbridge. **British Columbia:** Miss E. Franks, 1541 Gladstone Ave., Victoria, B.C. **Manitoba:** Mrs. Doyle, 175 Royal Ave., West Kildonan. **New Brunswick:** Miss Mabel McMullin, St. Stephen. **Nova Scotia:** Miss Jean Trivett, 71 Coburg Road, Halifax. **Ontario:** Miss Clara Brown, 23 Kendal Ave., Toronto. **Prince Edward Island:** Miss Mary Lowther, 179 Grafton St., Charlottetown. **Quebec:** Miss Sara Matheson, 2151 Comte St., Montreal. **Saskatchewan:** Miss L. B. Wilson, 2012 Athol St., Regina.

Convener of Publications: Miss Clara Brown, 23 Kendal Ave., Toronto, Ont.

PUBLIC HEALTH SECTION

Chairman: Miss M. Moag, 1246 Bishop St., Montreal, Que.; **Vice-Chairman:** Miss M. Wilkinson, 410 Sherbourne St., Toronto, Ont.; **Secretary-Treasurer:** Miss I. S. Manson, School for Graduate Nurses, McGill University, Montreal, Que.

Councillors.—Alberta: Miss B. A. Emerson, 604 Civic Block, Edmonton. **British Columbia:** Miss M. Kerr, 3435 Victory Ave., New Westminster. **Manitoba:** Miss Isabel McDiarmid, 363 Langside St., Winnipeg. **New Brunswick:** Miss H. S. Dykeman, Health Centre, Saint John. **Nova Scotia:** Miss A. Edith Fenton, Dalhousie Public Health Clinic, Morris St., Halifax. **Ontario:** Miss Clara Vale, 75 Huntley St., Toronto. **Prince Edward Island:** Miss Mona Wilson, Red Cross Headquarters, 59 Grafton St., Charlottetown. **Quebec:** Miss Marion Nash, 1246 Bishop St., Montreal. **Saskatchewan:** Mrs. E. M. Feeny, Dept. of Public Health, Parliament Buildings, Regina.

Convener of Publications: Miss Mary Campbell, Victorian Order of Nurses, 344 Gottingen St., Halifax N.S.

ALBERTA ASSOCIATION OF REGISTERED NURSES

President: Miss Eleanor McPhedran, Central Alberta Sanatorium, near Calgary; First Vice-President, Miss Edna Auger, Medicine Hat General Hospital, Medicine Hat; Second Vice-President, Sister M. A. Chauvin, General Hospital, Edmonton; Registrar and Secretary-Treasurer, Miss Kate S. Brighty, Parliament Buildings, Edmonton; Nursing Education Committee, Miss Edna Auger, General Hospital, Medicine Hat; Public Health Committee, Miss B. A. Emerson, 604 Civic Block, Edmonton; Private Duty Section, Miss Mildred Harvey, Box 132, Lethbridge, Alta.

GRADUATE NURSES' ASSOCIATION OF BRITISH COLUMBIA

President, Miss M. P. Campbell, R.N., 118 Vancouver Block, Vancouver; First Vice-President, Miss E. Breese, R.N., 4662 Angus Ave., Vancouver; Second Vice-President, Miss G. Fairley, R.N., Vancouver General Hospital, Vancouver; Registrar, Miss Helen Randal, R.N., 118 Vancouver Block, Vancouver; Secretary, Miss M. Dutton, R.N., 118 Vancouver Block, Vancouver; Conveners of Committees: Nursing Education, Miss M. F. Gray, R.N., University of British Columbia, Vancouver; Public Health, Miss M. Kerr, R.N., 3435 Victory Ave., New Westminster; Private Duty, Miss E. Franks, R.N., 1541 Gladstone Ave., Victoria; Councillors, Misses J. Archibald, R.N., L. Boggs, R.N., M. Duffield, R.N., L. McAllister, R.N.

MANITOBA ASS'N OF REGISTERED NURSES

President, Mrs. J. F. Morrison, 184 Brock Street; First Vice-President, Miss J. Purvis, General Hospital, Portage la Prairie; Second Vice-President, Miss C. Kettles, General Hospital, Dauphin, Man.; Third Vice-President, Miss McNally, General Hospital, Brandon, Man.; Conveners of Committees: Press and Publication, Miss G. Hall, Miss M. Meehan; Social and Programme, Miss Cory Taylor; Sick Visiting, Misses W. Carruthers, A. Starr, G. Thompson and M. Frost; Conveners of Sections: Private Duty, Mrs. S. Doyle, 175 Royal Ave., West Kildonan; Nursing Education, Miss Mildred Reid, 10 Elenora Apts., Winnipeg; Public Health, Miss Isabel McDiarmid, 363 Langside St., Winnipeg; Executive Secretary, Treasurer and Registrar, Mrs. Stella Gordon Kerr, 753 Wolseley Ave., Winnipeg.

NEW BRUNSWICK ASSOCIATION OF REGISTERED NURSES

President, Miss A. J. MacMaster, Moncton Hospital, Moncton; First Vice-President, Miss Margaret Murdoch, General Public Hospital, Saint John; Second Vice-President, Miss E. J. Mitchell, 20 Millidge St., Saint John; Hon. Secretary, Mrs. W. S. Jones, Albert, N.B. Councillors—Saint John: Misses Brophy, Coleman, Lawson and Dykeman; St. Stephen, Misses Jessie Murray and Mabel McMullen; Fredericton, Miss Kate Johnson, Mrs. A. G. Woodcock; Moncton: Misses Myrtle Kay and Marion MacLaren; Campbelltown: Sister Kerr, Miss G. M. Murray; Chatham: Sister Kenny; Bathurst: Miss M. E. Stuart; Woodstock Miss Elsie M. Tulloch. Nursing Education, Sister Corinne Kerr, Hotel Dieu Hospital, Campbelltown; Public Health, Miss H. S. Dykeman, Health Centre, Saint John; Private Duty, Miss Mabel McMullin, St. Stephen; Constitution and By-laws Committee, Miss S. E. Brophy, Fairville; "The Canadian Nurse," Miss A. A. Burns, Health Centre, Saint John; Secretary-Treasurer-Registrar, Miss Maude E. Retallick, 262 Charlotte St. West Saint John.

REGISTERED NURSES ASSOCIATION OF NOVA SCOTIA

President, Miss Margaret E. MacKenzie, 315 Barrington St., Halifax; First Vice-President, Miss Anne Slattery, Dalhousie Health Clinic, Morris St., Halifax; Second Vice-President, Miss Margaret M. Martin, Payzant Memorial Hospital, Windsor; Third Vice-President, Miss Josephine Cameron, Halifax; Recording Secretary, Miss A. M. Fraser, "Pineleigh," North-West Arm, Halifax; Treasurer and Corresponding Secretary, Miss L. F. Fraser, 325 South St., Halifax.

REGISTERED NURSES' ASSOCIATION OF ONTARIO (Incorporated 1925)

President, Miss Mary Millman, 126 Pape Ave., Toronto; First Vice-President, Miss Marjorie Buck, Norfolk General Hospital, Simcoe; Second Vice-President, Miss Priscilla Campbell, Public General Hospital, Chatham; Secretary-Treasurer, Miss Matilda Fitzgerald, 380 Jane Street, Toronto.

District No. 1: Chairman, Miss Nellie Gerard, 911 Victoria Ave., Windsor; Secretary-Treasurer, Mrs. I. J. Walker, 169 Richard St., Sarnia. Districts Nos. 2 and 3: Miss Jessie M. Wilson, General Hospital, Brantford; Secretary-Treasurer, Miss Hilda Booth, Norfolk General Hospital, Simcoe. District No. 4: Chairman, Miss Anne Wright, General Hospital, St. Catherines; Secretary-Treasurer, Mrs. Norman Barlow, 134 Catherines St. S., Hamilton. District No. 5: Chairman, Miss Rahno M. Beamish, Western Hospital, Toronto; Secretary-Treasurer, Miss Irene Weirs, 198 Manor Road E., Toronto. District No. 6: Chairman, Miss Rebecca Bell, General Hospital, Port Hope; Secretary-Treasurer, Miss Florence McIndoo, General Hospital, Belleville. District No. 7: Chairman, Miss Louise D. Acton, General Hospital, Kingston; Secretary-Treasurer, Miss Evelyn Freeman, General Hospital, Kingston. District No. 8: Chairman, Miss Alice Ahern, Metropolitan Life Insurance Co., Ottawa; Secretary-Treasurer, Miss A. C. Tanner, Civic Hospital, Ottawa. District No. 9: Chairman, Miss Katherine MacKenzie, 235 First Ave. E., North Bay; Secretary-Treasurer, Miss C. McLaren, Box 102, North Bay. District No. 10: Chairman, Miss Anne Boucher, 280 Park St., Port Arthur; Secretary-Treasurer, Miss Martha R. Racey, McKellar General Hospital, Fort William.

ASSOCIATION OF REGISTERED NURSES OF THE PROVINCE OF QUEBEC (Incorporated 1920)

Advisory Board: Misses Mary Samuel, L. C. Phillips, M. F. Hersey, Mere M. V. Allaire, Rev. Soeur Augustine; President, Miss Mabel K. Holt, Montreal General Hospital; Vice-President (English), Miss C. V. Barrett, Royal Victoria Montreal Maternity Hospital; Vice-President (French), Melle. Rita Guimont, Hopital Saint Luc, Montreal; Hon. Secretary, Miss Margaret L. Moag, V.O.N., Montreal; Hon. Treasurer, Miss Olga V. Lilly, Royal Victoria Montreal Maternity Hospital; Other members, Melles. Edna Lynch, Metropolitan Life Insurance Company, Montreal; Melle. Marie-Anysie Deland, Institut Bruchesi, Montreal; Mde. Caroline Vachon, Hotel-Dieu, Montreal; Rev. Soeur Marie-Rose Lacroix, Hopital St. Jean, St. Jean, Que.; Rev. Soeur Bellemare, Hopital Notre Dame, Montreal; Conveners, Private Duty Section (English), Miss Sara Matheson, Hadden Hall Apts., 2151 Comte St., Montreal; (French), Melle Jeanne L'Heureux, 774 Davaar Road, Outremont; Nursing Education Section (English), Miss Flora Aileen George, Woman's General Hospital, Westmount; (French), Rev. Soeur Augustine, Hopital St. Jean-de-Dieu, Gamelin, P.Q.; Public Health Section, Miss Marion Nash, V.O.N., 1246 Bishop Street; Board of Examiners, Convener, Miss. C. V. Barrett, Mde. R. Bourque, Melles. Lynch, Senecal, Misses Marion Nash, Rita Suteliffe; Executive Secretary, Registrar and Official School Visitor, Miss E. Francis Upton, Suite 221, 1396 St. Catherine Street, West, Montreal.

SASKATCHEWAN REGISTERED NURSES' ASSOCIATION. (Incorporated March, 1927)

President, Miss Elizabeth Smith, Normal School, Moose Jaw; First Vice-President, Miss M. H. McGill, Normal School, Saskatoon; Second Vice-President, Miss G. M. Watson, City Hospital, Saskatoon; Councillors, Miss R. M. Simpson, Department of Public Health, Regina, Sister Mary Raphael, Providence Hospital, Moose Jaw; Conveners of Standing Committees, Public Health, Mrs. E. M. Feeny, Dept. of Public Health, Regina; Private Duty, Miss L. B. Wilson, 2012 Athol St., Regina; Nursing Education, Miss G. M. Watson, City Hospital, Saskatoon; Secretary-Treasurer and Registrar, Miss E. E. Graham, Regina College, Regina.

CALGARY ASSOCIATION OF GRADUATE NURSES

Hon. President, Mrs. Stuart Brown; President, Miss J. B. von Gruenigan; First Vice-President, Miss Lynn; Second Vice-President, Miss Barber; Treasurer, Miss M. Watt; Recording Secretary, Mrs. B. J. Charles; Corresponding Secretary, Miss Jackson; Registrar, Miss D. Mott, 616 15th Ave. W.; Convener Private Duty Section, Mrs. R. Hayden.

EDMONTON ASSOCIATION OF GRADUATE NURSES

President, Mrs. K. Manson; First Vice-President, Miss B. Emerson; Second Vice-President, Miss F. Welsh; Secretary, Miss C. Davidson; Corresponding Secretary, Miss J. G. Clow, 11138 82nd Ave.; Treasurer, Miss L. Ward, 11328 102nd Ave.; Programme Committee, Miss A. L. Young, Miss I. Johnson; Sick Visiting Committee, Miss P. Chapman, Miss Gavin. Representative to "The Canadian Nurse," Miss M. Griffith, 10806 98th St.

MEDICINE HAT GRADUATE NURSES ASSOCIATION

President, Mrs. Mary Tobin; First Vice-President, Mrs. C. Anderson; Second Vice-President, Miss L. Green; Secretary, Miss M. E. Hagerman, City Court House, 1st Street; Treasurer, Miss Edna Auger; Convener of New Membership Committee, Mrs. C. Wright; Convener of Flower Committee, Miss M. Murray; Correspondent, "The Canadian Nurse," Miss F. Smith.

Regular meeting First Tuesday in month.

A.A., ROYAL ALEXANDRA HOSPITAL, EDMONTON, ALTA.

Hon. President, Miss F. Munroe; President, Mrs. Scott Hamilton; First Vice-President, Miss V. Chapman; Second Vice-President; Mrs. C. Chinneck; Recording Secretary, Miss G. Allyn; Corresponding Secretary, Miss A. Oliver, Royal Alexandra Hospital; Treasurer, Miss E. English, Suite 2, 10014 112 Street.

A.A., KOOTENAY LAKE GENERAL HOSPITAL, NELSON, B.C.

Hon. President, Miss C. Treffry, Matron of Kootenay Lake General Hospital; President, Mrs. J. K. Fraser; First Vice-President, Miss D. Brown; Second Vice-President, Mrs. A. Banks; Third Vice-President, Miss A. Cook; Secretary-Treasurer, Miss J. Leslie.

VANCOUVER GRADUATE NURSES ASSOCIATION

President, Miss M. Duffield, 226 Lee Bldg., Vancouver; First Vice-President, Miss G. Fairley, Vancouver General Hospital; Second Vice-President, Miss J. Matheson; Secretary, Miss Perrin, 3629 2nd Ave. W., Vancouver; Treasurer, Miss L. Archibald, 536 12th Ave. W., Vancouver; Conveners of Committees: Council, Miss M. Dutton; Directory Committee, Miss D. Bullock; Ways and Means, Miss R. McVicar; Programme, Miss M. Kerr; Social, Miss Munslow; Sick Visiting, Miss A. L. Maxwell; Local Council, Miss M. Gray; Creche, Miss M. A. McLellan; Representatives: "The Canadian Nurse," Miss M. G. Laird; Local Press, Rotating members of Board.

A.A., ST. PAUL'S HOSPITAL, VANCOUVER

Hon. President, Rev. Sister Superior; Hon. Vice-President, Sister Therese Annable; President, Miss B. Berry; Vice-President, Miss K. Flahiff; Secretary, Miss Mildred Cohoon; Assistant Secretary, Miss E. Hanafin; Secretary-Treasurer, Miss L. Elizabeth Otterbine; Executive, Misses Marjorie McDonald, N. Comerford, A. Kerr, B. Geddes, G. Oddstad.

A.A., VANCOUVER GENERAL HOSPITAL

Hon. President, Miss Grace Fairley; President, Miss Joan Hardy; First Vice-President, Miss Dorothy Coughlin; Second Vice-President, Miss Mary McLean; Secretary, Mrs. Percy Jones, 3681 2nd Ave. W.; Assistant Secretary, Mrs. Hugh McMillan; Treasurer, Miss Eva Webster, The Vancouver General Hospital; Committee Conveners: Refreshment, Mrs. Ferguson; Programme, Miss Hannon; Sewing, Miss McLennan; Sick Visiting, Miss Hilda Smith; Representatives Local Press, Mrs. McCallum; "The Canadian Nurse," Miss Stevenson; Women's Building, Miss Whitteker; Membership, Miss L. Maxwell; Sick Benefit Fund and Bond Committee, Miss Isobel McVicar and Miss Bullock.

A.A., JUBILEE HOSPITAL, VICTORIA, B.C.

Hon. President, Miss L. Mitchell; President, Miss E. Oliver; First Vice-President, Mrs. Chambers; Second Vice-President, Mrs. Carruthers; Secretary, Miss S. Fatt, 601 Trutch St.; Assistant Secretary, Miss B. Montague; Treasurer, Miss J. Paterson; Convener, Entertainment Committee, Mrs. Lancaster; Sick Nurses, Miss C. McKenzie.

BRANDON ASSOCIATION OF GRADUATE NURSES

Hon. President, Miss E. Birtles; Hon. Vice-President, Mrs. W. H. Shillinglaw; President, Miss M. Finlayson; First Vice-President, Miss H. Meadows; Second Vice-President, Miss J. Anderson; Secretary, Miss K. Campbell, Park View Apts., Brandon; Treasurer, Miss I. Fargey, 302 Russell St., Brandon; Conveners of Committees: Social, Mrs. S. J. S. Pierce; Sick Visiting, Miss Bennett; Welfare Representative, Miss Houston; Blind, Mrs. R. Darrach; Cook Books, Miss M. Gemmell; Press Representative, Miss D. Longley; Registrar, Miss C. Macleod.

A.A., ST. BONIFACE HOSPITAL, ST. BONIFACE, MAN.

Hon. President, Rev. Sr. Mead, St. Boniface Hospital; Second Hon. President, Rev. Sr. Krause, St. Boniface Hospital; President, Miss E. Shirley, 28 King George Crt.; First Vice-President, Miss E. Perry, 1628 Roy Ave., Weston; Second Vice-President, Miss H. Stephens, 15 Ruth Apts.; Secretary, Mrs. Stella Gordon Kerr, 753 Wolseley Ave.;Treasuter, Miss A. Price, Ste. 18 Diana Crt.; Conveners of Committees, Social, Miss T. O'Rourke, Ste. 48 Marlhurst Apts; Refreshment, Miss C. Miller, Ste 2 St. James Park Blk.; Sick Visiting, Miss T. Guville, 211 Hill St., Norwood; Representative to Local Council of Women, Miss C. Code, 1238 Downing St., Miss C. Wright, 340 St. Johns Ave.; Representative to Manitoba Nurses Central Directory Committee, Mrs. E. MacDonald, 369 Langside St.; Press and Publication, Miss M. Meehan, 753 Wolseley Ave.

Meetings—Second Wednesday of each month, 8 p.m., St. Boniface Nurses Residence.

A.A., WINNIPEG GENERAL HOSPITAL

Hon. President, Mrs. W. A. Moody, 97 Ash St.; President, Mrs. J. A. Davidson, 39 Westgate; First Vice-President, Mrs. S. Harry, Winnipeg General Hospital; Second Vice-President, Miss I. McDiarmid, 363 Langside St.; Third Vice-President, Miss E. Gordon, Research Lab., Medical College; Recording Secretary, Miss C. Briggs, 70 Kingsway; Corresponding Secretary, Miss M. Duncan, Winnipeg General Hospital; Treasurer, Mrs. H. I. Graham, 99 Euclid St.; Sick Visiting, Miss W. Stevenson, 535 Camden Place; Programme, Miss C. Lethbridge, 877 Grosvenor Ave., Membership, Miss A. Pearson, Winnipeg General Hospital.

DISTRICT No. 8, REGISTERED NURSES ASSOCIATION OF ONTARIO

Chairman, Miss Alice Ahern; Vice-Chairman, Miss D. M. Percy; Secretary-Treasurer, Miss A. G. Tanner, Ottawa Civic Hospital; Councillors, Misses M. Stewart, M. Slinn, G. Woods, M. B. Anderson, Amy Brady, Ella Rochon; Conveners of Committees, Membership, Miss E. Rochon; Publications, Miss M. Stewart; Nursing Education, Miss M. E. Anderson; Private Duty, Miss Mary Slinn; Public Health, Miss Marjorie Robertson; Representative to Board of Directors, Miss A. Ahern.

DISTRICT No. 10, REGISTERED NURSES ASSOCIATION OF ONTARIO

Chairman, Miss A. Boucher; First-Vice President, Mrs. F. Edwards; Second Vice-President, Miss V. Lovelace; Secretary-Treasurer, Miss M. Racey; Conveners of Committees: Nursing Education, Miss B. Bell; Public Health, Miss L. Young; Private Duty, Miss I. Sheehan; Publication, Miss M. Flannagan; Membership, Miss M. Sideen, Miss D. Elliott; Social: Miss E. Hamilton, Miss Chiver-Wilson, Miss E. McTavish; Representatives to Board of Directors Meeting, R.N.A.O., Mrs. F. Edwards.

Meetings held first Thursday every month.

GRADUATE NURSES ASSOCIATION, KITCHENER AND WATERLOO

President, Miss K. W. Scott; First Vice-President, Mrs. Wm. Noll; Second Vice-President, Miss K. Grant; Secretary, Miss A. E. Bingeman, Freeport Sanatorium; Treasurer, Mrs. Wm. Knell, 41 Ahrens St. W.; Representative, "The Canadian Nurse," Miss E. Hartleib.

A.A., BELLEVILLE GENERAL HOSPITAL

Hon. President, Miss Florence McIndoo; President, Miss H. Stacey; Vice-President, Miss A. Derbyshire; Secretary, Miss B. Cryderman; Treasurer, Miss V. Babcock; Flower Committee, Miss H. Fitzgerald; Representative, "The Canadian Nurse," Mrs. C. Arnott.

Regular meeting held first Tuesday in each month at 3.30 p.m. in the Nurses' Residence.

A.A., BRANTFORD GENERAL HOSPITAL

Hon. President, Miss E. Muriel McKee, Superintendent; President, Miss I. Marshall; Vice-President, Miss A. Hardisty; Secretary, Miss H. D. Muir, Brantford General Hospital; Assistant Secretary, Miss F. Batty; Treasurer, Miss L. Gillespie, 14 Abigail Ave., Brantford; Social Convener, Miss M. Meggitt; Flower Committee, Misses P. Cole and F. Stewart; Gift Committee, Mrs. D. A. Morrison, Miss K. Charnley; "The Canadian Nurse" and Press Representative, Miss E. M. Jones; Representative to Local Council of Women, Miss G. V. Westbrook.

A.A., BROCKVILLE GENERAL HOSPITAL

Hon. President, Miss A. L. Shannette; President, Mrs. H. B. White; First Vice-President, Miss M. Arnold; Second Vice-President, Miss J. Nicholson; Third Vice-President, Mrs. W. B. Reynolds; Secretary, Miss B. Beatrice Hamilton, Brockville General Hospital; Treasurer, Mrs. H. F. Vandusen, 65 Church St.; Representative to "The Canadian Nurse," Miss V. Kendrick.

A.A., ST. JOSEPH'S HOSPITAL, CHATHAM, ONT.

Hon. President, Mother St. Roch; Hon. Vice-President, Sister M. Loretta; President, Mrs. Pearl Johnston; Vice-President, Miss Jean Lundy; Secretary, Miss Irene Gillard, 52 Raleigh St., Chatham; Treasurer, Miss Jean Bagnell; Executive, Misses Jessie Ross, Katherine Dillon and Agnes Harrison; Flower Committee, Miss Felice Richardson and Mona Middleton; Representative to "The Canadian Nurse," Miss Jessie Ross; Representative, District No. 1, R.N.A.O., Miss Hazel Gray.

A.A., CORNWALL GENERAL HOSPITAL

Hon. President, Miss Lydia Whiting; President, Miss Mary Fleming; First Vice-President, Miss Boldick; Second Vice-President, Miss B. McKillop; Secretary-Treasurer, Miss C. Droppo, Cornwall General Hospital; Representative to "The Canadian Nurse," Miss B. Paterson.

A.A., GALT HOSPITAL, GALT, ONT.

Hon. President, Miss Jamieson; President, Miss G. Rutherford; First Vice-President, Mrs. F. L. Roelofson; Second Vice-President, Mrs. E. D. Scott; Secretary-Treasurer, Miss S. Mitchell, 11 Harris St.; Assistants Misses A. Sickle and I. Atkinson; Programme Committee, Misses Turnbull, Murphy, Baker and Frizelle.

A.A., GUELPH GENERAL HOSPITAL

Hon. President, Miss M. F. Bliss, Supt., Guelph General Hospital; President, Miss. L. Ferguson; First Vice-President, Miss C. Zeigler; Second Vice-President, Miss Dora Lambert; Secretary, Miss N. Kenny, Treasurer, Miss J. Watson; Committees, Flower; Mrs. R. Hockin, Misses Creighton, I. Wilson; Social, Mrs. M. Cockwell (Convener); Programme, Miss E. M. Eby (Convener); Representative "The Canadian Nurse," Miss A. L. Fennell.

Institute of Public Health
Faculty of Public Health of the
University of Western Ontario
LONDON

A.A., HAMILTON GENERAL HOSPITAL

Hon. President, Miss E. C. Rayside, Hamilton General Hospital; President, Miss Annie B. Boyd, 607 Main St. E.; Vice-President, Miss M. Buchannan, Hamilton General Hospital; Treasurer, Miss E. Bell, 1 Cumberland Ave.; Recording Secretary, Miss B. Aitken, 44 Victoria Ave. S.; Secretary-Treasurer Mutual Benefit Association, Miss L. Hannah, 25 West Ave. S.; Executive Committee, Mrs. N. Barlow (Convener), 211 Stenson St., Misses E. Baird, C. Chappel, M. Pegg, Mrs. E. Johnson; Programme Committee, Miss Mary Ross (Convener), Misses M. Watt, H. Baker, E. Davidson, J. Lenz, M Harvey, C. Currah, Blanche Pond; Flower and Visiting Committee, Miss Sturrock (Convener), Misses Squires, Blanchard, Burnett. Representatives to Local Council of Women, Mrs. Hess, Misses Harley, Buckbee, Burnett; Representative to R.N.A.O., Miss G. Hall; Representatives to "The Canadian Nurse," Miss Buscombe (Convener), Misses Strachan and Carruthers; Representative to Women's Auxiliary, Mrs. J. Stephen; Registry Committee, Mrs. Hess (Convener), Misses Nugent, Hack, Gringer.

A. A., ST. JOSEPH'S HOSPITAL, HAMILTON

Hon. President, Mother Martina; President, Miss E. Quinn; Vice-President, Miss H. Fagan; Treasurer, Miss I. Loyst, 71 Bay Street S.; Secretary, Miss M. Maloney, 31 Erie Avenue; Convener, Executive Committee, Miss M. Kelley; The Canadian Nurse, Miss Moran.

A.A., HOTEL DIEU, KINGSTON, ONT.

Hon. President, Rev. Sister Donovan; President, Mrs. William Elder, Avonmore Apts.; Vice-President, Mrs. V. L. Fallon; Treasurer, Miss Millie MacKinnon; Secretary, Miss Genevieve Pelow; Executive, Mrs. L. Welch, Mrs. Cochrane, Mrs. L. E. Crowley, Misses Millie Mackinnon, Evelyn Finn; Visiting Committee, Misses Olive McDermott, C. McGarry; Entertainment Committee, Misses MacKinnon, Murphy, Bain, Hamell, McCadden, Mrs. Ryan, Mrs. Fallon.

A.A., KINGSTON GENERAL HOSPITAL

First Hon. President, Miss E. Baker; Second Hon. President, Miss Louise D. Acton; President, Miss Oleira M. Wilson; First Vice-President, Mrs. G. H. Leggett; Second Vice-President, Mrs. S. F. Campbell; Third Vice-President, Miss Ann Baillie; Treasurer, Mrs. C. W. Mallory, 203 Albert St.; Corresponding Secretary, Miss C. Milton, 404 Brock St.; Recording Secretary, Miss Ann Davis, 96 Lower William St.; Convener Flower Committee, Mrs. George Nicol, 355 Frontenac St.; Press Representative, Miss Helen Babcock, Kingston General Hospital; Private Duty Section, Miss Emma McLean, 478 Frontenac St.

A.A., KITCHENER AND WATERLOO GENERAL HOSPITAL

Hon. President, Miss M. Snider; President, Miss L. McTague; First Vice-President, Mrs. V. Snider; Second Vice-President, Mrs. R. Petch; Secretary, Miss T. Sitler, 32 Troy St.; Asst. Secretary, Miss J. Sinclair; Treasurer, Miss E. Ferry; "The Canadian Nurse", Miss E. Hartlieb.

A.A., ST. JOSEPH'S HOSPITAL, LONDON, ONT.

Hon. President, Mother M. Pascal; Hon. Vice-President, Sister Ste. Elizabeth; President, Miss Madalene Baker; First Vice-President, Miss Olive O'Neil; Second Vice-President, Miss Florence Connelly; Recording Secretary, Miss Stella Gignac; Corresponding Secretary, Miss Gladys Gray; Treasurer, Miss Erla Berger; Press Representative, Miss Lillian Morrison.

A. A. VICTORIA HOSPITAL, LONDON, ONT.

Hon. President, Mrs. A. E. Silverwood, 517 Dufferin Ave.; President, Miss Della Foster, 420 Oxford St.; First Vice-President, Miss Mary Yule, 151 Bathurst St.; Second Vice-President, Miss Christine Gillies, Victoria Hospital; Treasurer, Miss Edith Smallman, 814 Dundas St.; Corresponding Secretary, Miss Mabel Hardie, 182 Bruce St.; Secretary, Miss Isobel Hunt, 898 Princess Ave.; Representative to "The Canadian Nurse," Mrs. S. G. Henry, 720 Dundas St.; Board of Directors, Mrs. C. J. Rose, Mrs. W. Cummins, Misses H. Hueston, H. Cryderman, E. Gibberd, A. MacKenzie; Representatives to Registry Board, Misses M. McVicar, S. Giffen, A. Johnston and W. Wilton.

A.A., NIAGARA FALLS GENERAL HOSPITAL

Hon. President, Miss M. S. Park; President, Mrs. J. Taylor; Vice-President, Miss L. McConnell; Secretary, Miss J. McClure; Treasurer, Miss I. Hammond, 632 Ryerson Crescent, Niagara Falls; Convener Sick Committee, Miss A. Irving; Asst. Convener Sick Committee, Miss Coutts; Convener Private Duty Committee, Miss K. Prest.

A.A., ORILLIA SOLDIER'S MEMORIAL HOSPITAL

Hon. President, Miss E. Johnston; President, Miss G. Went; First Vice-President, Miss McMurray; Second Vice-President, Miss S. Dudenhoffer, Secretary-Treasurer, Miss M. B. MacLelland, 128 Nissisaga St. W.

Regular Meeting—First Thursday of each month.

A.A., OSHAWA GENERAL HOSPITAL

Hon. President, Miss MacWilliams; President, Miss Ann Scott, 26 King Street E., Oshawa; Vice-President, Miss Emily Duckwith; Second Vice-President, Mrs. H. Harland; Secretary, Mrs. Mabel Yelland, 14 Victoria Apts., Simcoe St. S., Oshawa; Asst. Secretary, Miss Jessie McIntosh; Corresopnding Secretary, Miss Helen Hutchison, 14 Victoria Apts., Simcoe St. S. Oshawa; Treasurer, Miss Jane Cole; Social Convener, Miss Amber Sonley, Visiting and Flower Convener, Mrs. M. Canning; Convener Private Duty Nurses, Miss Margaret Dickie; Representative, Hospital Auxiliary, Mrs. M. Canning, Mrs. E. Hare, Mrs. B. A. Brown.

A.A., ST. LUKE'S HOSPITAL, OTTAWA

Hon. President, Miss Maxwell; President, Miss Doris Thompson; Vice-President, Miss Diana Brown; Secretary, Miss Isobel Allan, 408 Slater Street, Ottawa; Treasurer, Mrs. Florence Ellis; Nominating Committee, Misses Mina MacLaren, Hazel Lyttle, Katherine Tribble.

A.A., LADY STANLEY INSTITUTE, OTTAWA (Incorporated 1918)

Hon. President, Miss M. A. Catton, 2 Regent St.; Hon. Vice-President, Miss Florence Potts; President, Mrs. W. Elmitt; Vice-President, Miss M. McNiece, Perley Home, Aylmer Ave.; Secretary, Mrs. Lou Morton, 49 Bower Ave.; Treasurer, Miss Mary C. Slinn, 204 Stanley Ave.; Board of Directors, Miss E. McColl, Vimy Apts., Charlotte St., Miss C. Flack, 152 First Ave.; Miss L. Belford, Perley Home, Aylmer Ave.; Miss E. McGibbon, 114 Carling Ave.; Representative "The Canadian Nurse," Miss A. Ebbs, 80 Hamilton Ave.; Representative to Central Registry Miss A. Ebbs, 80 Hamilton Ave.; Miss Mary C. Slinn, 204 Stanley Ave.; Press Representative, Miss E. Allen.

A.A., OTTAWA CIVIC HOSPITAL

Hon. President, Miss Gertrude Bennett; President, Miss Evelyn Pepper; First Vice-President, Miss Elizabeth Graydon; Second Vice-President, Miss Dorothy Moxley; Treasurer, Miss Winnifred Gemmell, 221 Gilmour St.; Recording Secretary, Miss Greta Wilson, 489 Metcalfe St.; Corresponding Secretary, Miss Eileen Graham, 41 Willard St.; Councillors, Mrs. G. W. Dunning, Misses Elizabeth Curry, Gertrude Moloney, Mary Lamb, Gladys Moorehead; Convener of Flower and Sick Visiting Committee, Miss Margaret McCallum; Press Correspondent, Miss E. Osborne.

A.A ,OTTAWA GENERAL HOSPITAL

Hon. President, Rev. Sr. Flavie Domitille; President, Miss Juliette Robert; First Vice-President, Miss C. McDonald; Second Vice-President, Mrs. A. Latimer; Secretary-Treasurer, Miss Stella Kearns, 478 Cumberland Ave., Ottawa; Membership Secretary, Miss Pauline Bissonnette; Representatives to Local Council of Women, Mrs. C. L. Devitt, Mrs. A. Latimer, Mrs. E. Viau and Miss F. Nevins; Representatives to Central Registry, Miss L. Egan and Miss A. Stackpole; Representative to The Canadian Nurse, Miss Juliette Robert.

A.A., OWEN SOUND GENERAL AND MARINE HOSPITAL

Hon. President, Miss B. Hall; President, Mrs. D. J. McMillan, 1151 3rd Ave. W.; Vice-President, Miss C. Thompson; Secretary-Treasurer, Miss A. Mitchell, 466 17th St. W.; Assistant Secretary-Treasurer, Mrs. Tomlinson; Flower Committee, Miss M. Story, Miss C. Stewart, Mrs. Frost; Programme Committee, Misses Sim, C. Stewart; Press Representative, Miss M. Morrison.

A.A., NICHOLLS HOSPITAL, PETERBORO, ONT.

Hon. President, Mrs. E. M. Leeson; President, Miss H. M. Anderson; First Vice-President, Miss L. Simpson; Second Vice-President, Miss M. Watson; Treasurer, Miss L. Ball; Secretary, Miss I. Armstrong; Corresponding Secretary, Miss H. Hooper, Peterboro Hospital; Convener Social Committee, Miss A. Dobbin; Convener of Flower Committee, Miss S. Armstrong.

A.A., SARNIA GENERAL HOSPITAL

Hon. President, Miss M. Lee; President, Miss L. Siegrist; Vice-President, Miss J. Hodgins; Treasurer, Miss M. Wood; Secretary, Miss S. Trea; "The Canadian Nurse," Miss D. Shaw; Committees, Flower, Miss H. Abra; Programme, Misses A. Silverthorne, C. Medcraft, Mrs. S. Elrick; Social Miss B. MacFariane, Mrs. Kennedy.

A.A., STRATFORD GENERAL HOSPITAL

Hon. President, Miss A. M. Munn; President, Miss Florence Kudoba; Vice-President, Miss Rena Johnston; Secretary-Treasurer, Miss Alma Rock, 97 John St.; Conveners of Committees: Social, Mrs. Lloyd Miller; Flower, Miss Margaret Derby; Correspondent, "The Canadian Nurse," Miss Helen Dinsdale.

A.A., MACK TRAINING SCHOOL ST. CATHERINES

Hon. President, Miss Anne Wright, Superintendent, General Hospital; President, Miss Helen Brown, General Hospital; First Vice-President, Miss Marriott, 94½ Queenston St.; Second Vice-President, Mrs. E. Dewar, 39 Marquis St.; Secretary-Treasurer, Miss Florence McArter, General Hospital; Asst. Secretary-Treasurer, Mrs. Charles Hesburn, 54 George St.; "The Canadian Nurse" Representative, Miss Aleda Brubaker, 29 Page St.; "The Canadian Nurse" Subscriptions and Press Correspondent, Mrs. S. Ockenden, 4 Beech St.; Social Committee, Mrs. R. E. Elderkin (Convener), Mrs. G. I. Zumstein, Mrs. F. Newman, Mrs. N. Buchanan; Programme Committee, Miss Tuch (Convener), Miss Moyer, Mrs. W. Durham.

A.A., MEMORIAL HOSPITAL, ST. THOMAS

Hon. President, Miss Lucille Armstrong, Memorial Hospital; Hon. Vice-President, Miss Mary Buchanan, Memorial Hospital; President, Miss Margaret Benjafield, 39 Wellington Street; First Vice-President, Mrs. Frank Penhale; Second Vice-President, Miss Bessie Pollock; Recording Secretary, Mrs. John Smale, 34 Erie Street; Corresponding Secretary, Miss Alice Patrick, 33 Gladstone Ave.; Treasurer, Miss Bella Mitchener, 50 Chestnut Street; "The Canadian Nurse," Miss Isabella M. Leadbetter, Talbot Street. Executive, Misses Hazel Hastings, Lissa Crane, Mary Oke, Mildred Jennings, Florence Treherne.

A.A., TORONTO GENERAL HOSPITAL

Hon. President, Miss Snively; Hon. Vice-President, Miss Jean Gunn; President, Miss E. Manning; First Vice-President, Miss J. Algie; Second Vice-President, Miss Jean Browne; Secretary, Miss Jean Anderson, 149 Glenholme Ave., Toronto; Treasurer, Miss M. Morris, Ward "C," Toronto General Hospital; Councillors, Misses G. Gawley, A. Landon, G. Ross; Archivist, Miss Kniseley; Committees: Flower, Misses Clubine (Convener), Hannant, Forgie, Eugenia Stewart; Programme, Mrs. Driver (Convener), Misses Annie Dove, Edna Fraser, Ethel Campbell, Dorothy Dove; Social, Mrs. Stevens (Convener), Misses Neal, L. Bailey; Nominations, Mrs. Dewey (Convener), Misses Marion Stewart, Myrtle Murray, Mary McFarland; "The Canadian Nurse," Misses Betty Stringall (Convener), McGarry, E. Thompson.

A.A., GRACE HOSPITAL, TORONTO

Hon. President, Mrs. C. J. Currie; President, Mrs. L. B. Hutchison; Recording Secretary, Miss M. Teasdale; Corresponding Secretary, Miss Lillian E. Wood, 20 Mason Blvd., Toronto 12; Treasurer, Miss V. M. Elliott, 194 Cottingham St.

A.A., GRANT MACDONALD TRAINING SCHOOL FOR NURSES, TORONTO, ONT.

Hon. President, Miss Esther M. Cook, 130 Dunn Ave.; President, Miss Ida Weeks, 130 Dunn Ave.; Vice-President, Miss Sadie McLaren; Recording Secretary, Miss I. Ostic; Corresponding Secretary, Miss M. Whittall; Treasurer, Miss McCullough, 130 Dunn Ave.; Social Convener, Miss P. Lawrence.

A.A., TORONTO ORTHOPEDIC HOSPITAL TRAINING SCHOOL FOR NURSES

Hon. President, Miss E. MacLean; President, Miss Hazel Young, 100 Bloor St. W.; Vice-President, Mrs. W. J. Smithers, 35 Wilberton Road; Secretary-Treasurer, Miss R. Hollingworth, 100 Bloor St. W.; Representatives to Central Registry, Miss C. Grannon, 205 George St., and Miss M. Beston, 5 De Savery Crescent; Representative to R.N.A.O., Miss A. Bodley, 43 Metcalf St.

A.A., RIVERDALE HOSPITAL, TORONTO

President, Miss Carrie Field; First Vice-President, Miss Gertrude Gastrell; Second Vice-President, Mrs. W. H. Thompson; Secretary, Miss Breeze, Riverdale Hospital; Treasurer, Miss Margaret Floyd, Riverdale Hospital; Board of Directors—Committees: Sick and Visiting, Miss S. Stretton, 7 Edgewood Ave.; Programme, Miss K. Mathieson, Riverdale Hospital; Membership, Miss Murphy, Weston Sanitariom, Weston; Mrs. E. G. Berry, 97 Bond St., Oshawa; Press and Publication, Miss C. L. Russell, General Hospital, Toronto; Representatives to Central Registry, Misses Hewlett and Morris.

A.A., HOSPITAL FOR SICK CHILDREN, TORONTO

Hon. President, Mrs. Goodson; Hon. Vice-Presidents, Miss F. J. Potts, Miss H. Panton and Miss P. B. Austin; President, Mrs. F. E. Atkinson; First Vice-President, Miss Petron Adam; Second Vice-President, Miss Alice Grindley; Corresponding Secretary, Miss Mary Ingham; Recording Secretary, Miss Mary Acland; Treasurer, Miss V. Marie Grafton, 534 Palmerston Blvd.; Councillors, Misses Louise Rogers, Hilda Rose, Jean Beaton, Helen Needler, Mabel St. John and Mrs. Harold McClelland.

A.A., ST. JOHN'S HOSPITAL, TORONTO

Hon. President, Sister Beatrice, S.S.J.D., St. John's Convent, Major Street; President, Miss Cook, 464 Logan Ave.; First Vice-President, Miss Holdsworth, Islington 297; Second Vice-President, Miss Anderson, 468 Kingston Road; Recording Secretary, Miss Frost, 450 Maybank Ave.; Corresponding Secretary, Miss Garnham, 26 Balmoral Ave.; Treasurer, Miss Slimon, 464 Logan Ave.; Press Representative, Miss Doherty, 7 Howland Ave.; Convener of Flowers and Sick, Miss Davis, 51 Brunswick Ave.

A.A., ST. JOSEPH'S HOSPITAL, TORONTO, ONT.

Hon. President, Rev. Sister M. Meianie; President, Miss E. Morrison, 1543 Queen Street West, Toronto; First Vice-President, Miss A. O'Neill; Second Vice-President, Miss L. Boyle; Treasurer, Miss M. Heary, 158 Marion Street, Toronto; Recording Secretary, Miss R. Rouse; Corresponding Secretary, Miss O. MacKenzie 43 Lawrence Ave. West, Toronto; Councillors, Misses O. Kidd, M. Howard, V. Sylvain, G. Davis; Constitutionals, Misses A. Hihn, M. Howard, L. Boyle; Programme Committee, Misses R. Jean-Marie, L. Dunbar, I. Voisin.

A.A., ST. MICHAEL'S HOSPITAL, TORONTO

Hon. President, Rev. Sister Margaret; Hon. Vice-President, Rev. Sister M. Amata; President, Miss Grace Murphy, St. Michael's Hospital; First Vice-President, Miss H. M. Kerr; Second Vice-President, Miss E. Graydon; Third Vice-President, Miss M. Burger; Corresponding Secretary, Miss M. Doherty; Recording Secretary, Miss Marie Melody; Treasurer, Miss G. Coulter, 33 Maitland St., Apt. 106, Toronto; Press Representative, Miss May Greene; Councillors, Misses M. Foy, J. O'Connor, Stropton; Private Duty, Miss A. Purtle; Public Health, Miss I. McGurk; Representative Central Registry of Nurses, Toronto, Miss M. Melody.

A.A., WELLESLEY HOSPITAL, TORONTO

President, Miss Ruth Jackson, 80 Summerhill Ave.; Vice-President, Miss Janet Smith, 138 Wellesley Crescent; Recording Secretary, Miss Muriel Johnston, 94 Homewood Ave.; Corresponding Secretary, Miss Florence Campion, 14 Carey Road; Treasurer, Miss Constance Tavener, 804-A Bloor St. W.; Correspondent to "The Canadian Nurse," Miss W. Ferguson, 16 Walker Ave.; Flower Convener, Miss E. Fewings, 177 Roehampton Ave.; Social Convener, Miss Marion Wansbrough, 18 Wellesley St.

A.A., TORONTO WESTERN HOSPITAL

Hon. President, Miss B. L. Ellis; President, Miss Rahno Beamish, Toronto Western Hospital; Vice-President, Miss L. Smith; Recording Secretary, Miss Matthews, 74 Westmount Ave.; Secretary-Treasurer, Miss Buckley, Toronto Western Hospital; Representative to "The Canadian Nurse," Miss Milligan; Representative to Local Council of Women, Mrs. McConnell; Hon. Councillors, Mrs. Yorke, Mrs. McConnell; Councillors, Miss McLean, Orthopedic Hospital, Misses Cooney, Steacy, Stevenson, Wiggins, J. G. Smith, Devine; Social Committee, Miss Sharpe (Convener), Misses Agnew, Woodward, Miles; Flower Committee, Miss Lamont, Miss Ayerst; Visiting Committee, Misses Lowe, Harshaw, Essex; Layette Committee, Miss Cooper.

Meetings will be held the second Tuesday in each month at 8 p.m. in the Assembly Room, Nurses' Residence, Toronto Western Hospital.

A.A., WOMEN'S COLLEGE HOSPITAL, TORONTO

Hon. President, Mrs. H. M. Bowman; Hon. Vice-President, Miss Harriet Meiklejohn; President, Miss Vera Allen; First Vice-President, Miss Munns; Second Vice-President, Miss Lougheed; Recording Secretary, Miss Bankwitz; Corresponding Secretary, Miss Blair, 64 Delaware St.; Assistant Secretary, Miss Clark, 64 Delaware St.; Treasurer, Miss B. Fraser, 526 Dovercourt Rd.; Representatives to Central Registry, Miss Bankwitz, Miss Kidd; Representative to District No. 5, Miss Clarke; "The Canadian Nurse," Miss E. E. K. Collier.

Meetings at 74 Grenville St., second Monday in each month.

A.A., CONNAUGHT TRAINING SCHOOL FOR NURSES, TORONTO HOSPITAL, WESTON

Hon. President, Miss E. MacP. Dickson, Toronto Hospital, Weston; President, Miss E. Eldridge; Vice-President, Miss A. Atkinson; Secretary, Miss E. L. Barlow, Toronto Hospital, Weston; Treasurer, Miss P. M. Stuttle.

A.A., HOTEL DIEU, WINDSOR, ONTARIO

President, Miss Angela Code, Maple Aute.; First Vice-President, Miss Helen Piper; Second Vice-President, Miss Alice Baillargeon; Secretary, Miss Helen Slattery; Treasurer, Miss Evelyn Wolfe; Press Correspondent, Miss Mary A. Finnegan.

A.A., GENERAL HOSPITAL, WOODSTOCK

Hon. President, Miss Frances Sharpe; President, Mrs. Melsome; Vice-President, Miss Jefferson; Secretary, Miss G. Boothby; Assistant Secretary, Miss Green; Corresponding Secretary, Miss M. F. Costello, 67 Wellington St. N., Woodstock, Ont.; Treasurer, Miss L. Jackson; Representative, The Canadian Nurse, Miss A. G. Cook; Programme Committee, Misses Mackay, Anderson and Hobbs; Social Committee, Miss Hastings and Miss M. Culvert; Flower Committee, Miss Rickard and Miss Eby.

GRADUATE NURSES ASSOCIATION OF THE EASTERN TOWNSHIPS

Hon. President, Miss H. S. Buck, Superintendent Sherbrooke Hospital; President, Miss D. Stevens; First Vice-President, Miss J. Fenton; Second Vice-President, Miss Humphrey; Recording Secretary, Miss D. Ingraham; Corresponding Secretary, Miss H. Hetherington; Treasurer, Miss M. Robins; Representative, "The Canadian Nurse," Miss C. Hornby, Box 324, Sherbrooke, P.Q.; Private Duty Representative, Miss Alice Lyster.

A.A., LACHINE GENERAL HOSPITAL

Hon. President, Miss M. L. Brown; President, Miss M. A. McNutt; Vice-President, Miss J. C. McKee; Secretary-Treasurer, Miss E. J. Dewar, 558 Notre Dame Street, Lachine, Que.; Private Duty Representative, Miss M. Lamb, 376 Claremont Ave., Montreal; Executive Committee, Miss Robinson, Miss Goodfellow.

Meeting—First Monday of each month, at 9 p.m.

MONTREAL GRADUATE NURSES' ASS'N

Hon. President, Miss L. C. Phillips, 3626 St. Urbain St.; President, Miss Agnes Jamieson, 1230 Bishop St.; First Vice-President, Miss Jessie Robertson, 3546 Shuter St.; Second Vice-President, Miss Kate Wilson, 1230 Bishop St.; Secretary-Treasurer, Miss Ethel Clark, 1230 Bishop St.; Day Registrar, Miss Lucy White, 1230 Bishop St.; Night Registrar, Miss Ethel Clark, 1230 Bishop St.; Relief Registrar, Miss H. M. Sutherland, 12 Selkirk Ave.; Convener Griffintown Club, Miss Georgie Colley, 261 Melville Ave., Westmount, P.Q.

Regular Meeting—First Tuesday of January, April, October and December.

A.A., CHILDREN'S MEM. HOSP., MONTREAL

Hon. President, Miss A. S. Kinder; President, Mrs. F. C. Martin; Vice-President, Miss Alice Adlington; Secretary, Miss M. Flander, Children's Memorial Hospital; Treasurer, Miss H. Easterbrook; Representative to "The Canadian Nurse", Miss Viola Schneider; Sick Nurses' Committee, Miss Ruth Miller, Miss Alexander; Members of Executive Committee, Mrs. Moore, Miss B. Cleary; Social Committee, Misses Gough, Paterson, Bell, Atkinson.

A.A., MONTREAL GENERAL HOSPITAL

President, Mrs. Allan; First Vice-President, Miss A. Jamieson; Second Vice-President, Miss M. Mathewson; Recording Secretary, Miss Inez Welling; Corresponding Secretary, Miss Anne Thorpe; Treasurer, Alumnae Association and Mutual Benefit Association, Miss Isabel Davies; Hon. Treasurer, Miss H. M. Dunlop; Executive Committee, Misses M. K. Holt, F. E. Strumm, J. Meigs, L. Urquhart, C. M. Watling; Representatives, Private Duty Section, Misses Morrison (Convener), R. Loggie, Melba Johnston, Winnifred Spier; Representatives to "The Canadian Nurse," Misses C. M. Watling (Convener), N. Kennedy-Reid, Ruth Hamilton; Representatives to Local Council of Women, Miss G. Colley (Convener), Miss Marjorie Ross (Proxy), Miss Harriett Ross; Sick Visiting Committee, Mrs. Stuart Ramsay (Convener), Misses L. Shepherd, B. Noble; Refreshment Committee, Misses D. Flint (Convener), M. I. McLeod, Theodora McDonald, S. Fraser.

A.A., HOMOEOPATHIC HOSPITAL, MONTREAL

Hon. President, Mrs. H. Pollock; President, Mrs. J. Warren; First Vice-President, Miss I. Garrick; Second Vice-President, Miss D. Campbell; Secretary, Miss M. Brighty; Asst. Secretary, Miss M. Hayden; Treasurer, Miss D. W. Miller; Asst. Treasurer, Miss N. G. Horner; Private Duty Section, Miss A. M. Porteous; "The Canadian Nurse" Representative, Miss A. Pearce; Social Committee, Miss D. Smith; Montreal Nurses Association, Miss D. Smith, Miss M. Bright.

A.A., ROYAL VICTORIA HOSPITAL, MONTREAL

Hon. Presidents, Miss E. A. Draper, Miss M. F. Hersey; President, Mrs. E. H. Stanley; First Vice-President, Mrs. G. LeBeau; Second Vice-President, Miss E. Gall; Recording Secretary, Miss E. MacKean; Secretary-Treasurer, Miss K. Jamer; Convener, Finance Committee, Miss B. Campbell; Representatives to Local Council, Mrs. V. Linnell, Mrs. G. Porter; Convener Sick Visiting Committee, Miss A. Deane; Convener Programme Committee, Mrs. F. A. C. Scrimger; Convener Private Duty Representatives, Miss M. MacCallum; Convener Refreshments Committee, Miss Adams; Executive Committee, Miss M. F. Hersey, Miss Goodhue, Miss E. Reid, Mrs. Roberts, Miss B. Forgey, Miss M. Etter; "Canadian Nurse" Representative, Miss E. Flanagan.

A.A., WESTERN HOSPITAL, MONTREAL

Hon. President, Miss Craig; President, Miss Birch; First Vice-President, Miss Edna Payne; Second Vice-President, Miss L. Sutton; Treasurer, Miss Jane Craig, Western Hospital; Secretary, Miss Olga McCrudden, 314 Grosvenor Ave., Westmount, P.Q.; Finance Committee, Miss L. Johnston, Miss A. Yates; Programme Committee, Miss Cross, Miss Williams; Sick and Visiting Committee, Miss Dyer; Representative to Private Duty Section, Miss Taylor; Representative to "The Canadian Nurse," Miss McOuat.

L'ASSOCIATION DES GARDES-MALADES GRADUEES DE L'HOPITAL NOTRE-DAME

Bureau de direction. Membres honoraires: Rév. Mère Piché; Rév. Mère Mailloux; Rév. Soeur Despins; Rév. Soeur Bellemarre; Rév. Sr. Robert; Melle M. Guillemette; Melle T. Hayden; Melle C. Brideaux. Présidente, Jeanne L'Heureux; Secretaire, Marguerite Pauzé; Trésorière, Lydia Boulerice. Directeurs: Blanche Lecompte, Eugénie Tremblay; Germaine Latour; Sarah Gosselin; Alice Lépine. Comité de Fonds de Secours: Presidente, Anonciade Martineau; Secretaire, Elisabeth Rousseau; Trésorière, Sybille Gagnon.

A.A., WOMAN'S GEN. HOSP., WESTMOUNT, P.Q.

Hon. Presidents, Miss E. F. Trench, Miss F. George; President, Mrs. Crewe; First Vice-President, Miss N. J. Brown; Second Vice-President, Miss M. Forbes; Recording Secretary, Miss L. Wallace; Corresponding Secretary, Miss L. Steeves; Treasurer and "The Canadian Nurse," Miss E. L. Francis, 1210 Sussex Ave., Montreal; Sick Visiting, Miss L. Jensen, Miss K. Morrison; Private Duty, Mrs. Chisholm, Miss L. Smiley.

Regular monthly meeting every third Wed., 8 p.m.

A.A., JEFFERY HALE'S HOSPITAL, QUEBEC

Hon. President, Mrs. S. Barrow; President, Miss H. A. MacKay; First Vice-President, Miss Cecile Caron; Second Vice-President, Miss Margaret E. Savard; Recording Secretary, Mrs. Winnifred Bates; Corresponding Secretary, Mrs. Douglas Jackson; Treasurer, Miss M. McHarg; Private Duty Section Miss Muriel Fischer; Sick Visiting Committee, Mrs. S. Barrow, Mrs. Harold Planche; Refreshment Committee, Misses Cecile Caron and Gladys Weary; Councillors, Misses Charlotte Kennedy, Emily Fitzpatrick, Muriel Fischer, Mildred Jack and Hilda Stevenson.

A.A., SHERBROOKE HOSPITAL

Hon. President, Miss H. S. Buck; President, Mrs. Guy Bryant; First Vice-President, Mrs. Roy Wiggett; Second Vice-President, Mrs. Nelson Lothrop; Recording Secretary, Miss Evelyn Warren; Corresponding Secretary, Miss Nora Arguin; Treasurer, Miss Alice Lyster; Correspondent to "The Canadian Nurse," Miss Kathleen Hatch; Committee, Miss Sutton, Miss Ella Marrisette, Mrs. Davey.

MOOSE JAW GRADUATE NURSES ASSOCIATION

Hon. President, Miss Kier; Hon. Vice-President, Miss Smith; President, Miss Stocker; First Vice-President, Miss Ella Lamond; Second Vice-President, Miss L. French; Secretary-Treasurer, Miss M. Armstrong, 1005 2nd Ave. N.E.; Press Convener, Mrs. W. H. Metcalfe. Representatives: Nursing Education, Sister M. Raphael; Public Health, Miss M. Armstrong; Private Duty, Miss Cowgill; "The Canadian Nurse," Miss L. French.

A.A., REGINA GENERAL HOSPITAL

Hon. President, Miss D. Wilson; President, Miss M. Lythe; First Vice-President, Miss Helen Wills; Second Vice-President, Miss L. Smith; Secretary, Miss B. Calder; Assistant Secretary, Miss A. Forrest; Treasurer, Miss D. Dobson-Smith, 2300 Halifax St.; Committees: Press, Miss M. Baker; Programme, Miss K. Morton; Refreshment, Misses D. Kerr and H. Wills; Sick Nurses, Miss G. Thompson.

A.A., ST. PAUL'S HOSPITAL, SASKATOON

Hon. President, Rev. Sister Fennell; President, Miss Alma Howe; Vice-President, Miss Cora Harlton; Secretary, Miss M. Hennequin; Treasurer, Mrs. J. Broughton, 437 Ave., H. So. Saskatoon; Executive, Misses E. Unsworth, E. Hoffinger, and H. Mathewman.

Meetings, second Monday each month at 8.30 p.m., St. Paul's Nurses Home.

A.A., SCHOOL FOR GRADUATE NURSES, McGILL UNIVERSITY, MONTREAL, P.Q.

Hon. President, Miss Mary Samuel; Hon. Vice-President, Miss Bertha Harmer; Hon. Members, Miss M. F. Hersey, Miss G. M. Fairley, Dr. Helen R. Y. Reid, Dr. Maude Abbott, Mrs. R. W. Reford; President, Miss Martha Batson, Montreal General Hospital; Vice-President, Miss George, Women's General Hospital; Secretary-Treasurer, Miss Eileen C. Flanagan, Royal Victoria Hospital; Programme Committee, Miss M. Armstrong, 1230 Bishop St., Montreal; Miss Elsie Allder, Royal Victoria Hospital; Representative to Local Council of Women, Miss Liggett, 407 Ontario St. W., and Miss Orr, Shriners' Hospital; Representatives to "The Canadian Nurse," Public Health Section, Miss Hewton; Teaching, Miss Sutcliffe, Alexandra Hospital; Administration, Miss F. Upton, 1396 St. Catherine St. W.

A.A. OF THE DEPT. OF PUBLIC HEALTH NURSING, UNIVERSITY OF TORONTO

Hon. President, Miss E. K. Russell; President, Miss Barbara Blackstock; Vice-President, Miss E. E. Fraser; Recording Secretary, Miss I. Weirs; Secretary-Treasurer, Miss C. C. Fraser, 423 Gladstone Ave., Toronto, Ont.; Conveners: Social, Miss E. Manning; Programme, Miss McNamara; Membership, Miss Lougheed.

A.A., HOSPITAL INSTRUCTORS AND ADMINISTRATORS, UNIVERSITY OF TORONTO

Hon. President, Miss G. Hiscocks; Hon. Vice-Presidents, Miss K. Russell, Miss A. M. Munn; President, Miss E. Stuart; First Vice-President, Miss G. Jones; Second Vice-President, Sister M. Helen; Secretary, Mrs. C. S. Casan, 136 Heddington Ave.; Treasurer, Miss E. Langman, Hospital for Sick Children.

The Central Registry of Graduate Nurses, Toronto

Furnish Nurses at any hour
DAY OR NIGHT
Telephone Kingsdale 2136
Physicians' and Surgeons' Bldg.,
86 Bloor Street, West,
TORONTO

HELEN CARRUTHERS, Reg.N,

Montreal Graduate Nurses' Association Register

NURSES CALLED DAY OR NIGHT

Telephone Uptown 0907

LUCY WHITE, Reg.N., Registrar,
1230 Bishop Street,
MONTREAL, P.Q.

Club House Phone Up-5666.

THE
Manitoba Nurses' Central Directory
Registrar—ANNIE C. STARR; Reg. N.
Phone 30 620
753 WOLSELEY AVENUE
WINNIPEG, MAN.

The Central Registry Graduate Nurses

Phone Garfield 0382

Registrar: ROBENA BURNETT, Reg.N.
33 Spadina Ave., Hamilton, Ont.

Irritable Babies Need
STEEDMAN'S POWDERS
From Teething to Teens

For years nurses have used and recommended this safe and gentle aperient, made especially for tender years. Steedman's **relieves constipation** and feverishness and keeps the blood clean and cool. Our "Hints to Mothers" booklet is very practical and useful—for copies as desired write John Steedman & Co., 504 St. Lawrence Blvd., Montreal.

School for Graduate Nurses
McGILL UNIVERSITY
Session 1931-1932

Miss BERTHA HARMER, R.N., M.A.
Director

COURSES OFFERED:

Teaching in Schools of Nursing
Supervision in Schools of Nursing
Administration in Schools of Nursing
Public Health Nursing
Organization and Supervision of Public Health Nursing

A CERTIFICATE will be granted for the successful completion of an approved programme of studies, covering a period of ONE academic year, in the major course selected from the above.

A DIPLOMA will be granted for the successful completion of the major course selected from the above, covering a period of TWO academic years.

For particulars apply to:

SCHOOL FOR GRADUATE NURSES
McGill University, Montreal

A Post-Graduate Training School for Nurses
AND
An Affiliated Training School for Nurses

The Massachusetts Eye and Ear Infirmary, 243 Charles Street, Boston, offers to graduates of accredited training schools a two months' course, both theoretical and practical, in the nursing care of the diseases of the eye, ear, nose and throat. The course includes operating room experience. If desired, a third month may be spent in the social service department.

This course is very valuable to public health nurses, especially to those in schools and industries.

Hospital capacity, 211 beds; Out-patients daily average 226. A comfortable and attractive Nurses' Home faces the Charles River. Allowance to post-graduate students, twenty (20) dollars a month and full maintenance. The same course, including the third month, is available by application to students of approved schools.

For further information address:—
SALLY JOHNSON, R.N.,
Superintendent of Nurses

Please mention "The Canadian Nurse" when replying to Advertisers.

THIS YEAR MORE THAN EVER, VALUE FOR YOUR MONEY

Buy BLAND'S UNIFORMS

Be Smartly Dressed

Every uniform made from cold water shrunken cotton.

They wear and wear and wear.

Have you had our new catalogue? If not, we have one for you, if you'll write.

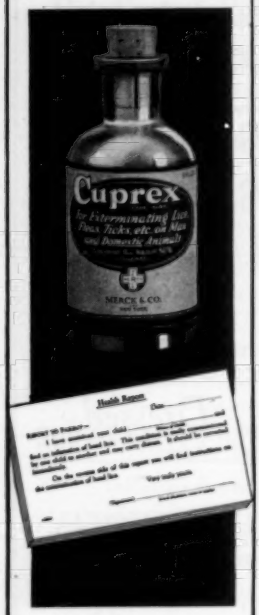
An imported model, with or without collar, 3 tucks on each side of bodice with side pleats on skirt.

In Irish Poplin or Twill. *Very* smart. Moderately priced.

BLAND & CO. LIMITED

1253 McGill College Avenue, MONTREAL, P.Q.

Please mention "The Canadian Nurse" when replying to Advertisers.



Kills Lice and Nits

IN ONE APPLICATION

A New Preparation—CUPREX

Cuprex is a new and effective agent for destroying lice. Its distinct advantage is that it kills not only the vermin, but also their eggs or nits.

Only one application is necessary as a rule if the work is done thoroughly.

Cuprex is harmless; does not irritate scratches or inflamed areas, does not injure hair or skin.

No tight-fitting caps or bandages are necessary in the application of Cuprex.

Cuprex saves trouble because it is so easy to use, and it saves time because it is so efficient.

Samples of Cuprex will be sent to any Physician, Nurse or Public Health Official upon request. Send coupon to Merck & Co., Limited, Montreal.

Cuprex KILLS LICE

Merck & Company, Limited,
Montreal, Que.

Gentlemen: Without cost or obligation to me please send me a sample of Cuprex to try on a case of Pediculosis.

Name .....

Street .....

City..... Prov.....

Made in Canada

General Health NIPPLES

A Victoria Nurse says: "they are wonderful."

—They will not collapse
—Will not pull off, and can be put on with one hand while holding a baby.

Large Size 25c, Small 10c

National Drug & Chemical Co. Ltd.
B.C. Drugs Ltd. and
Alberta National Drug Co. Ltd.

WALK-OVER SHOE STORE

Shoes and Hosiery for all occasions

1119 St. Catherine St. West
MONTREAL, Que.
290 Yonge St., TORONTO, Ont.

THE CANADIAN NURSE
511 Boyd Building : Winnipeg

Annual Subscription, $2.00

Hospital Sheetings
and
Pillow Cottons

Uniform Fabrics
Etc.

Dominion Textile Company Limited

Head Office: MONTREAL

Sales Offices:
MONTREAL - - TORONTO
WINNIPEG - VANCOUVER

Obstetric Nursing

THE CHICAGO LYING-IN HOSPITAL offers a four-months' post-graduate course in obstetric nursing to graduates of accredited training schools connected with general hospitals, giving not less than two years' training.

The course comprises practical and didactic work in the hospital and practical work in the Out Department connected with it. On the satisfactory completion of the service a certificate is given the nurse.

Board, room and laundry are furnished and an allowance of $10.00 per month to cover incidental expense.

Affiliations with accredited Training Schools are desired, as follows:

A four-months' course to be given to pupils of accredited training schools associated with general hospitals.

Only pupils who have completed their surgical training can be accepted.

Pupil nurses receive board, room and laundry and an allowance of $5.00 per month.

ADDRESS

Chicago Lying-in Hospital and Dispensary

5841 Maryland Avenue, CHICAGO

LYMAN AGENCIES
LIMITED
Sole Canadian Distributors

ACETOPHEN
AND PHENACETIN
COMPOUND
C. T. No. 217 "Frosst"

for— Headaches, Rheumatic Pains, Neuralgia, Colds and Grippe

C. T No. 217
ACETOPHEN & PHENACETIN COMPOUND
Acetophen..... 3½ gr.
Phenacetin. .. 2½ gr.
Caffeine Citrate . ½ gr.
Dose: One or two tablets.

ANTIPYRETIC
ANALGESIC
ANTI-RHEUMATIC

Charles E. Frosst & Co. Montreal

ERGOAPIOL (Smith)

A non-narcotic agent prescribed by physicians throughout the world in the treatment of

Amenorrhea, Dysmenorrhea, Etc.

Ergoapiol (Smith) is supplied only in packages containing twenty capsules.

As a safeguard against imposition, the letters "M. H. S." are embossed on the inner surface of each capsule, *thus* → MHS

Dose: One or two capsules three or four times a day.

Literature on Request.

MARTIN H. SMITH COMPANY, NEW YORK, N.Y. U.S.A.

Smartly Tailored UNIFORMS

BOWMAN'S uniforms are styled for modern chic. Durable and retain their individuality after repeated launderings. Far superior to standardized uniforms.

ILLUSTRATED—
Our famous model No. 20 full flare, form fitting.

mail this Coupon BOWMAN'S APRON SHOP

BOWMAN'S APRON SHOP,
810 Granville St., Vancouver, B.C.
Telephone, Douglass 3883
Please send free literature and prices.
Name .....
Address .....
C.N. No. 1

Woman's Hospital in the State of New York

POST-GRADUATE COURSES

EDUCATIONAL REQUIREMENTS—High School Graduation.
Preference given to those with greater educational advantages.

EIGHT MONTHS GENERAL

Practical Work—Gynecological Wards, Operating Rooms, Sterilizing Rooms, and Recovery Room; Obstetrical Ward, Nursery, Formula Room, Delivery and Labor Rooms; Out-Patient Department and Social Service.

One month elective work, as far as possible in the department chosen by the student, and ward management only to those showing initiative and special capabilities

Theory.....120 hours

FOUR MONTHS' OBSTETRICAL

Practical Work—Obstetrical Ward, Nursery, Formula Room; Delivery and Labor Rooms; Out-Patient Department and Social Service.

Theory.....95 hours

FOUR MONTHS OPERATING ROOM TEACHING AND MANAGEMENT

Practical Work—Operating Rooms, Sterilizing Rooms, and Recovery Room; Management of Operating Rooms; Suture Nurse experience during last month to especially qualified students.

Theory.....69 hours

In addition to advanced subject matter given in all Courses, special emphasis is placed upon methods to be used in teaching of such material.

Theoretical Instruction by Educational Director. Lectures by Attending Staff.

ALLOWANCE—Full maintenance for entire Course; $15.00 per month beginning second month.

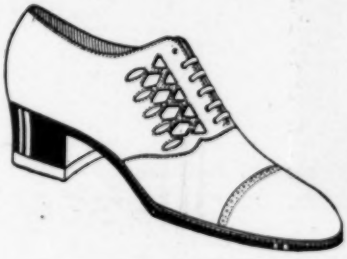
AFFILIATIONS offered to New York State accredited Training Schools for Four Months' Course in Obstetrics.

For further particulars, address—DIRECTRESS OF NURSES,
141 WEST 109th ST., NEW YORK CITY, N.Y.

Natural Tread Shoes

for Duty
or Dress Wear

No Nurse can afford to have uncomfortable shoes



Your experience teaches you that many ills may be traced to ill-fitting shoes.

Our Mr. Taplin has made a study of the foot, and during a period of years has evolved the

Natural Tread Shoe
FOR MEN AND WOMEN

Write for self-measurement chart and price-list

NATURAL TREAD SHOES DISTRIBUTING CO. LTD.

18 Bloor St. W. - TORONTO

You May Live!

Life Insurance covers not only the risk of dying, but also the risk of living.

If you live, you will need money for support in old age.

A SUN LIFE ENDOWMENT is an admirable provision against privation or dependence in old age.

Any Sun Life Representative will gladly advise you regarding Endowment Insurance.

SUN LIFE ASSURANCE COMPANY OF CANADA

Head Office MONTREAL

ELIZABETH CARRUTHERS, Reg.N.

Representative—
Sun Life Assurance Co. of Canada
WINNIPEG

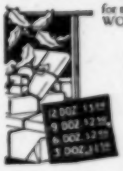
Write or Call *Telephone* { *Office* 23 361 / *Res.* 33 552

CASH'S WOVEN NAMES

Gifts INDIVIDUAL

THE perfect gift is something different, useful, inexpensive, appreciated. CASH'S WOVEN NAMES answer these requirements ideally. Many of your friends use them and know they are best for marking all clothing and fine linen. Give CASH'S WOVEN NAMES to all your Christmas list.

Order from your dealer or write us.

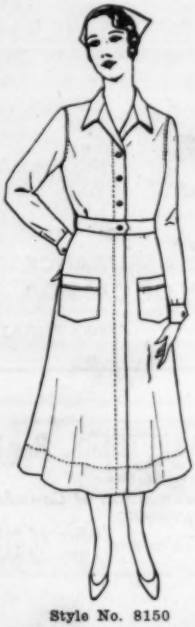


TRIAL OFFER—Send 10 cents for one dozen of your own first name woven in fast thread on fine cambric tape.

J. & J. CASH, Inc.
51 Grier Street
Belleville, Ont.

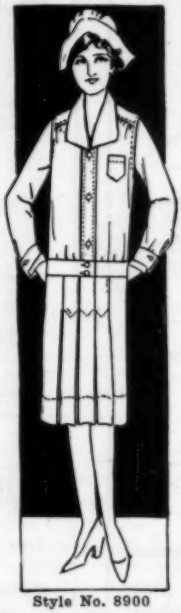
NURSES UNIFORMS

STANDARDS MAINTAINED
PRICES REDUCED



Style No. 8150

One of the most pleasing in appearance for Hospital or Private Duty Work; made from best quality bleached Middy Twill or Jean Cloth, also from Corley Poplin, finished with best quality Ocean Pearl buttons.



Style No. 8900

An unusually attractive style, containing three neat box pleats in skirt front. Detachable belt, neat-fitting distinctive collar. Best quality Ocean Pearl buttons and cuffs closed with two detachable pearl buttons. Six-inch hem in skirt.

Style No. 8250

An ultra smart style, open to the waist only, with skirt closed to bottom; made from best quality bleached Middy Twill or Jean Cloth, also from Corley Poplin, and finished with best quality Ocean Pearl buttons.

Best Quality Middy Twill $3.00 each or 3 for $ 8.50
Corley Mercerized Poplin $4.50 each or 3 for $12.00
Sales Tax Included

Full shrinkage allowance made in all our uniforms. Sent postpaid anywhere in Canada when your order is accompanied by money order. Prices do not include caps. When ordering give bust and height measurements.

MADE IN CANADA BY

CORBETT-COWLEY
Limited

690 King St. W., TORONTO **1032 St. Antoine St., MONTREAL**

Institute of Public Health
Faculty of Public Health of the
University of Western Ontario
LONDON CANADA